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Worldwide Report

# EPIDEMIOLOGY

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25 JULY 1986

## WORLDWIDE REPORT

### EPIDEMIOLOGY

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BRAZIL

BATTLE TO CONTROL ENDEMIC, TRANSMITTABLE DISEASES BEING LOST

Rio de Janeiro O GLOBO in Portuguese 11 May 86 p 12

[Article by Valeria Padrao]

[Text] Brasilia--According to numerous leaders and technicians in the field, Brazil is ill and is losing the battle to control endemic and transmittable diseases, as proven by figures of the Ministry of Health. Among the endemic diseases, schistosomiasis today affects 6 million people, Chagas disease another 2 million, and malaria reaches 400,000 individuals each year. In addition, there are 300,000 cases of leprosy in the country, and annually 100,000 cases of measles and tuberculosis are recorded along with about 10,000 cases of whooping cough and diphtheria.

In the National Development Plan of the New Republic, the Ministry of Health's sectorial diagnosis states that "health conditions of the Brazilian population are unsatisfactory." Despite the great increase in hospital services noted in the last decade, there has been an increase in diseases such as leprosy, malaria, and tuberculosis. Such data would indicate "an evident mistake in selection of priorities, which is only recently being corrected."

But the truth is that this correction was not sufficient to prevent the incidence of many diseases throughout the country. Polio, thought to be under control, came back strongly, and this year numerous epidemics occurred in the country, especially in the northeast. Malaria, previously restricted to the Amazon region and to the Central West, is reappearing in the southern states such as Sao Paulo and Parana. And dengue is today a barely controlled epidemic in Rio de Janeiro, with a serious risk of spreading to other states.

The south of Brazil, which has always been considered a country apart in terms of health, also faces serious problems. For example, in Florianopolis, the capital of Santa Catarina, authorities are confronted with an outbreak of diphtheria requiring the vaccination of all children and adults. Also, to a lesser degree, there are diseases such as measles, malaria, Chagas disease, and schistosomiasis.

In Parana authorities admit that it is difficult to maintain strict control over diseases such as hepatitis, tuberculosis, diphtheria, leprosy, whooping cough, and measles. And the reason for this, according to Helio Camargo, chief of the Division of Epidemiology of the State Secretariat, is "the lack of an effective health policy" as well as the constant lack of vaccines. Although considered "under control", Parana has areas of endemic diseases such as schistosomiasis, Chagas disease, and malaria, which last year affected 1,608 persons.

The great public health problem of Rio Grande do Sul is Chagas disease, which up to 1970 was considered eradicated in the state. Today in 10% of its 244 municipalities the reduviids that transmit the disease are present. 250,000 persons are presently infected, while another 800,000 have been attacked by the insect. The Ministry of Health estimates it as the fourth most important cause of death today among the infectious and parasitic diseases.

Minas Gerais is the main area in the country affected by Chagas disease. About 442 municipalities face problems of infestation by reduviids, but only last year insecticides began to be applied to the entire region. In addition, the introduction of dengue into the state is a current threat. Health authorities have observed that 13 cities in addition to Belo Horizonte, most of them along BR 040, which connects Rio de Janeiro and Brasília, have *Aedes Aegypti* mosquito breeding areas. Following the highway, the presence of these vectors is found in Juiz de Fora, Leopoldina, Belo Horizonte, Matosinho, Sete Lagoas, Paraopeba, and Curvelo.

The dengue mosquito is also a problem in Sao Paulo, according to the State Superintendency of Endemic Disease Control. The insect is found in 21 municipalities of the state of Sao Paulo, the virus having been introduced as a result of the commerce in used tires, which hold polluted water. But malaria is the great preoccupation of the office, which last year discovered more than 2,000 cases of the illness, the majority imported from the Amazon region.

The possibility that Goias may develop a yellow fever epidemic is the great problem facing its state health authorities. The state has the disease in its forests and fears the nightmare that the *Aedes Aegypti* may reach the cities, which would make possible the urbanization of the disease and the appearance of dengue. Beyond this, Goias faces precarious situations with respect to polio, malaria, Chagas and measles.

The states of Mato Grosso and Mato Grosso do Sul face serious problems of malaria and Chagas disease, in addition to such transmittable diseases as measles, diphtheria, and tetanus. But it is Mato Grosso do Sul that faces a great infestation of the *Aedes Aegypti* in the cities, even in the capital, and has also recorded about 1,300 cases of malaria.

Mato Grosso has already recorded more than 10,000 cases annually of malaria, although unofficially the number could be in the neighborhood of 50,000. In the municipality of Colider alone, in the north of the state where there is a large number of gold mining operations, about 20,000 people were infected by the disease last year. In all of the states of the northern region without exception, malaria is a public health problem, the greatest proportion being in Roraima (154,000 cases per year) and in Par (120,000 cases per year). The region accounts for 99 percent of the 400,000 cases recorded each year.

In Acre, hepatitis is a great concern; in Par, schistosomiasis and leishmaniasis prevail; in Amazonas, leprosy is the greatest problem (about 3 of every 100 inhabitants are carriers of the disease) and in Amapa, rabies is the crucial question.

The Brazilian northeast, in addition to having malnutrition as its most serious public health problem, faces today a real battle against polio, which has already killed 10 children and affect 320 others, while hundreds suspected of having the disease are under observation. In addition, the states of the region are experiencing Chagas disease and schistosomiasis. Bahia has 300 cases of malaria and 303 cases of meningitis (26 of the meningococcus type, the most dangerous because it presents the risk of an epidemic), and measles.

Paraiba is struggling to contain *Aedes Aegypti* mosquito breeding and has discovered the presence of Kala-azar in 37 municipalities. In Sergipe, the health authorities live with outbreaks of measles although the disease could be avoided by vaccination of the children. In Pernambuco cases of filariasis, Chagas disease and schistosomiasis now exist.

Maranhao is fighting against malaria, which this year affected 17,000 persons, as well as leishmaniasis and Kala-azar. Alagoas is working to eradicate *Aedes Aegypti* breeding and has serious problems with the incidence of schistosomiasis, Chagas disease, and transmittable diseases such as measles, diphtheria, tetanus, and whooping cough.

In Piaui outbreaks of polio, measles, and malaria are occurring at the moment, and also illnesses such as trachoma (which causes blindness) and endemic goiter caused by a lack of iodine in the body.

In Rio Grande do Norte, the illnesses of greatest incidence are gastroenteritis, followed by polio, measles, and diphtheria. But the state also faces urbanization of Kala-azar and, in 20 of its municipalities, schistosomiasis.

In Ceara, principally in Fortaleza, the *Aedes Aegypti* mosquito is being combatted in two neighborhoods, Papicu and Aldeota, where the degree of infestation is very high--70 percent, i.e., 70 out of 100 houses have the insect. At the same time, the Cearans of Fortaleza live with the fear of an epidemic of dengue, which has already been detected in that city coming from Rio de Janeiro. This, without mentioning measles, schistosomiasis and Chagas.

BRAZIL

BRIEFS

RIO DEATHS IN 1985--Endemic illnesses were responsible for about 3,500 deaths last year in all of the state of Rio de Janeiro. Meningitis, measles, diphtheria, tetanus, tuberculosis, whooping cough, typhus, rabies, poliomyelitis, and gastroenteritis are some of the diseases which, despite campaigns carried out by the Secretariat of Health, have not yet been eradicated. According to the statistics of the Department of Epidemiology and Disease Control, gastroenteritis (diarrhea) continues to lead, with the greatest number of deaths: 1,789 recorded in the past year for children under 1 year of age. Associated with a lack of basic sanitation, the disease is concentrated mainly in the Baixada Fluminense, in addition to Itaboraí and Mage. According to the special adviser of the state health secretariat, Eduardo Costa, mass vaccination campaigns succeeded in reducing cases of poliomyelitis, human rabies and measles by 90 percent. Diseases such as whooping cough, diphtheria, and tetanus also suffered a drop of 30 percent. In the case of measles the number of victims fell from 9,700 in 1984 to 1,600 last year. This disease, which in 1984 was responsible for the death of 373 children, killed 46 in the past year. After diarrhea, the illness that killed the most in Rio was tuberculosis. [Text] [Rio de Janeiro O GLOBO in Portuguese 11 May 86 p 12] 12942/9738

CSO: 5400/2068

CAMEROON

MENINGITIS PREVENTIVE MEASURES NEAR NIGERIAN BORDER

Yaounde CAMEROON TRIBUNE in English 11 Jun 86 p 8

[Report on CAMNEWS interview with Dr Emmanuel Tagne, North West provincial chief of Preventive Medicines by Peter Adi Fronte in Bamenda on 26 May 1986]

[Text] The provincial chief of Preventive Medicines for the North West, Dr Tagne Emmanuel, has revealed that there is no outbreak of meningitis epidemic in the North West province.

Dr Tagne was answering questions about unconfirmed reports that there had been an outbreak of meningitis along the Cameroon-Nigeria border in an interview with CAMNEWS in Bamenda May 26, 1986.

He said the mass vaccination carried out along the border divisions of the North West Province were rather a preventive measure against the spread of the diseases which reported in areas of Nigeria.

Meningitis, the provincial chief of Preventive Medicines pointed out, is an airborne disease that normally comes round during the dry season. He revealed that meningitis derives its name from meningococcus and defined it as an inflammation of the brain due to many germs such as meningitis, staphylococcus and pneumococcus.

Dr Tagne disclosed that three cases of meningitis were reported in Wum, Menchum Division last year but that none of the cases was caused by meningococcus. Out of the three cases reported two of them survived while one person died. He said that even though those cases were reported in Wum, there was no outbreak of meningitis in that division.

The disease, he said, does not spread where there are cover trees except in scrub areas.

Dr Tagne Emmanuel disclosed that following the outbreak of the disease in some border areas of Nigeria he went to Yaounde and collected 10,000 doses of vaccines which have been distributed to Nkambe and Wum CDPM centres. He revealed, receives 4,000 doses of the vaccines each. Dr Tagne said the doses of vaccines were to be increased from 10,000 to 20,000 for his service in the North West province.

The preventive medicines boss said that every dry season his service places order for meningococcus vaccines which are distributed to the divisional chiefs of CDMP centres of the border divisions to vaccinate the adults against meningitis.

Children below one year and pregnant women, Dr Tagne emphasized, are not vaccinated with the vaccines. Once one is vaccinated against meningitis he has to stay for five years before taking another dose of meningococcus vaccines.

Talking about the symptoms of meningitis he said they include light head ache, fever, neck pains and diarrhoea or constipation.

A victim of meningitis usually suffers from a stiff neck, convulsions and the patient is found to be in a state of coma.

/9274

CSO: 5400/149



CANADA

TORONTO AIDS COMMITTEE PLANS DRIVE TO STOP DISEASE SPREAD

Toronto THE TORONTO STAR in English 5 Jun 86 p A6

[Article by Lillian Newbery]

[Text]

The AIDS Committee of Toronto has organized a week of activities, June 8 to 15, to bring the public up to date on AIDS and to encourage prevention.

AIDS is the leading cause of death in men aged 35 to 44 in Metro and the second leading cause, after suicide, among men aged 25 to 34, William Mindell of Toronto's public health department told a news conference at city hall yesterday.

Writer June Callwood, chairman of a steering group planning a hospice for AIDS patients, said the disease is "by no means under control."

In Metro, 150 men have developed acquired immune deficiency syndrome since 1982 and 80 have died.

**Blood donors**

In proclaiming AIDS Awareness Week, Metro Chairman Dennis Flynn urged Metro residents to educate themselves about AIDS to help overcome the fatal illness.

The prevalence of the antibody to the virus believed to cause AIDS is no higher in blood donated to the Canadian Red Cross in Toronto than elsewhere in Canada, said Dr. Jack Nusbacher. And that's surprising, because more people at risk for passing the virus live in

Toronto than elsewhere in Canada, he said.

It's clear that people at risk for AIDS are refraining from donating blood in Toronto, said Nusbacher, medical director of the Toronto centre of the Red Cross.

All blood recipients have reason to be grateful to the AIDS Committee of Toronto for providing information to the public and the homosexual community about AIDS, he said.

Out of every 100,000 blood donations, about 25 are found to contain the antibody to the HTLV-III/LAV virus associated with AIDS, Nusbacher said in an interview later. Such blood donations are discarded by the Red Cross and the donors are notified to get in touch with their family doctor.

**"Saving lives"**

Not a single case of transfusion-

related AIDS has arisen from transfusions given since testing began in the United States last spring and in Canada in the fall, Nusbacher said.

Callwood said the hospice group has a potential location for its building, but is meeting a reluctance on the part of corporations to donate toward the costs. "Perhaps this resistance is due a little bit to homophobia (fear of homosexuals)," Callwood suggested.

Jaye Browne of McMaster University, chairman of the Ontario Public Education Panel on AIDS appointed by Health Minister Murray Elston, said the committee has done "a tremendous job in public education" for a disease that has no vaccine. "I wish there was one in every city and township in Ontario."

/9274

CSO: 5420/76

CANADA

**CASE OF TOXIC DIPHTHERIA REPORTED IN VANCOUVER**

Vancouver THE SUN in English 30 May 86 p A1

[Text]

A case of diphtheria in a young man from the downtown east side has health officials worried Vancouver may face the contagious disease after a 10-year absence.

A 20-year-old man was admitted to St. Paul's Hospital recently with a case of toxic diphtheria, said Dr. Ted McLean, city director of communicable disease control.

There were 12 occurrences of milder, non-toxic skin diphtheria in people earlier this spring.

"It is a definite concern because it is a serious illness and it is something we will be watching closely," McLean said.

McLean said they believe the man picked up the toxic strain while in the B.C. Interior.

/9274

CSO: 5420/76



CANADA

## DIARRHEA OUTBREAK REPORTED AT TORONTO RETIREMENT HOME

### Meadow Park Home Cases

Toronto THE GLOBE AND MAIL in English 15 Jun 86 p A19

[Text]

#### LONDON, Ont.

The deadly *E. coli* bacteria that triggered the deaths of 21 London and Lambeth nursing home residents last fall has been pinpointed as the cause of at least one case in a new diarrhea outbreak at a third home.

Dr. Douglas Pudden, medical officer of health for the Middlesex-London district health unit, said yesterday that 11 residents of the Meadow Park Retirement Home have been stricken by diarrhea, and one case has been positively identified as the toxic *E. coli* bacterial sub-strain.

Dr. Pudden said there is no doubt that the cause is the *E. coli* bacteria that caused the deaths of 20 elderly patients at Extencare London and one patient at Sun Haven nursing home near Lambeth last fall.

"My first assumption is that it is food-borne and related to the kitchen," he told a news conference.

He confirmed that Dr. David Korn, the province's chief medical officer, was arriving yesterday with other Health Ministry specialists to help determine the origin of the outbreak.

"They're taking every precaution to get the situation under control," said Perry David, assis-

tant administrator at Meadow Park.

Four of the 11 elderly patients from Meadow Park were in hospital and seven were in an isolation ward at the nursing home yesterday.

Dr. Pudden said one patient in hospital is listed in poor condition but the others are recovering. He said it is "quite heartening" to see them recovering so quickly and credited fast action by the nursing home staff in calling the health unit and setting up an isolation ward.

No home employees have been affected, but they are being closely monitored, he said.

After the outbreak of deadly diarrhea last fall at Extencare, the health unit stressed to area nursing homes the urgency of contacting the unit and establishing isolation wards, Dr. Pudden said.

"I think that's paying off," he said. "They (Meadow Park) got on to us right away."

Dr. Pudden said the incubation period for *E. coli* is one week, and until there are no new cases for that period of time, the outbreak must be regarded as critical. The 11th case at Meadow Park was reported to the health unit yesterday morning.

An inquest is under way in London into the deadly diarrhea outbreak last fall.

## Two Deaths

Toronto THE GLOBE AND MAIL in English 10 Jun 86 p A20

[Article by David Helwig]

[Text]

LONDON, Ont.

A second resident of London's Meadow Park Retirement Home has died after contracting bloody diarrhea involving the same rare strain of *E. coli* bacteria that killed as many as 20 elderly residents last year at the Extendicare London nursing home.

Dr. Nancy Tuttle, associate medical officer of health for London-Middlesex, said a woman from the Meadow Park home died in hospital early yesterday. Another resident who had been admitted to hospital, Helen Johnston, 90, died Thursday.

They were among 14 residents of the retirement home who have developed bloody diarrhea since the outbreak began on June 1.

Dr. Tuttle said she has not yet received autopsy results on the two residents, but it is possible they died from causes unrelated to the outbreak.

The *E. coli* strain was found in stool samples taken from two of the home's residents, but not from the two who died, she said.

Mrs. Johnston's daughter, Helen Mercer of nearby Glanworth, Ont., confirmed that her mother was in poor health for some time before the outbreak.

However, the patient who died yesterday was believed to be improving last week.

Two other residents remain in hospital.

Six of the nine patients who were placed in an isolation ward at the Meadow Park home were released during the weekend.

Douglas Enright, a spokesman for the Ontario Ministry of Health, said the local health unit was advised of the outbreak the same day it occurred. The home was closed to visitors the next day.

Dr. David Korn, the province's chief medical officer of health, visited the home last Wednesday and found that local authorities were "quite on top of the matter," Mr. Enright said.

A dietary consultant from the Health Ministry was sent to work with the home's food-service supervisor, who is new to the job, he said.

Diarrhea outbreaks involving the *E. coli* strain are often linked to consumption of tainted food, especially ground meat.

Regional coroner Douglas MacKinlay, who is conducting an inquest into the Extendicare deaths, said in an interview that he has not decided whether to hold another inquest into the two new deaths.

## 16 Cases

Toronto THE GLOBE AND MAIL in English 11 Jun 86 p A3

[Article by David Helwig]

[Text]

LONDON, Ont.

Three new cases of diarrhea have developed at London's Meadow Park Retirement Home, Dr. Douglas Pudden, the Middlesex-London medical officer of health, said yesterday.

The additional cases, involving two residents and a staff member, increase the number of diarrhea cases being monitored by public health officials to 16. Two other residents, Helen Johnston, 90, and

Madeline Harvey, 88, died on Thursday and Monday after they were afflicted by the illness.

A rare strain of *E. coli* bacteria was found in stool samples taken from two of the home's residents, but not in samples from the two who died.

Dr. Pudden said in an interview yesterday that the residents who died were both ill before the outbreak, and autopsies revealed no evidence of significant bowel disease.

On the basis of those findings, Dr. Pudden suspects a viral disease.

The Middlesex-London District Health Unit is straining to cope with the simultaneous pressures of the outbreak and a long inquest into the deaths of 21 elderly people in an outbreak of the same *E. coli* strain in London last fall.

Dr. Pudden and his associate medical officer of health, Dr. Nancy Tuttle, have been present during much of the inquest, which is in its sixth week.

CANADA

MEASLES EPIDEMIC REPORTEDLY SUBSIDES IN BRITISH COLUMBIA

Vancouver THE SUN in English 30 May 86 p A11

[Text]

Visitors to B.C. this summer have nothing to fear from a reported measles epidemic, a city health official says.

Dr. Ted McLean, head of infectious-disease control for Vancouver, said the health department has been fielding calls from concerned parents from as far away as Colorado and Eastern Canada following U.S. media reports there was a major red measles outbreak in Vancouver.

But McLean said the measles epidemic, although a problem in February and March, has now subsided.

"It has dropped off to practically nothing," McLean said. "We've had two reported cases in the last month compared to about 5,000 in February and March."

In the last two years B.C. has had two measles epidemics because a large number of people, mostly teenagers, were inadequately immunized, he said.

"But now we are running out of people to transmit the disease to," he said. "Everyone who was susceptible has pretty well had it in '84 or '85."

/9274

CSO: 3420/76

DENMARK

#### AIDS PREVENTION EFFORT SEEN WEAKENED BY FUNDS SHORTAGE

Copenhagen BERLINGSKE TIDENDE in Danish 29 Dec 85 p 1

[Article by George Hilton: "One AIDS Victim a week in 1986"]

[Text] Danish researchers will need between 20 and 30 million kroner next year for AIDS research.

Because of a lack of government funds, Danish AIDS experts will find it increasingly difficult to prevent and treat the deadly disease which is expected to claim more than one new victim every week in 1986.

According to AIDS expert Dr. Viggo Faber of the Royal Hospital, Danish researchers will need between 20 and 30 million kroner in 1986 alone for actual AIDS research. The Folketing has only allotted a fraction of the amount needed.

"Only about one million have been allotted for research, and that is too little. We need between 20 and 30 million kroner.

"It is a matter of life and death that we in Denmark keep up with the AIDS research. Without research we will fall behind in regard to treatment and diagnosis and in regard to preventing the disease's development. We will not be able to understand the new information that will appear in the medical journals and at the international AIDS meetings.

"Until now, money has been spent on information about AIDS, which is all very well and good, but the politicians have apparently not realized that we must also do research," the professor said to BERLINGSKE SONDAAG.

The AIDS researchers are turning increasingly to private organizations to raise money for the fight against AIDS. The AIDS fund which professor Faber is heading has money available for, among other things, psychological counseling of AIDS patients and their families, but Faber finds it alarming that the private sector has had to do the financing: "That ought to be the responsibility of the state."

At the beginning of the year, 60 new victims of the deadly disease were confirmed, a doubling over twelve months. But professor Faber predicts it will double again this year to result in more than one new victim every week. About 10,000 Danes are expected to be carriers of AIDS by the end of 1986 according to health department numbers.

12819

C30: 5400/2518

FRENCH POLYNESIA

LEPTOSPIROSIS DEATHS LEAD TO STUDY

Noumea LE JOURNAL DE NOUVELLE CALEDONIE in French 10 May 86 p 12

[Text] In Tahiti, the "river plague" is again taking its toll. Leptospirosis has recently caused the death of several persons in Polynesia, according to the new JOURNAL DE POLYNESIE. Alarmed, the public health administration has called for a thorough study by the Institut Malarde. The institute's findings would lead to a more precise assessment of the extent of the phenomenon.

The Tahiti peninsula, the Taravao region and certain Leeward Island remain the most infected areas. The JOURNAL DE POLYNESIE reports that in Huahine, "the talk is of deaths and serious cases." Fatal cases have reportedly been recorded in Papeete. A succession of cases is reported to have been detected at the Nuutania prison where there are large numbers of rodents. We remind readers that the disease is transmitted through mere contact with water contaminated by animal urine, of rats in particular. At Nuutania prison, the campaign against rats has checked their growth. But there remains a danger.

Although the Taravao area alone was affected some ten years ago, today most of the valleys of Tahiti harbor the germ of the disease. Cases have also been reported in the Leeward Islands and in the Marquesas. The microbe adapts very well to the temperature of river water in Polynesia. It can survive and propagate there for several days. The month of April is a critical period. It coincides with the end of the rainy season and this increases the risk of contact with the bacteria.

Each year, some 100 serious cases are recorded at the Mamao hospital and several tens of others at the territory's clinics. The Health Ministry has therefore placed leptospirosis on its list of priorities. The task is not a simple one, as it entails the task of developing sanitation.

12413/13252

CSO: 3400/4382

GERMAN DEMOCRATIC REPUBLIC

AIDS TEST INSTITUTED FOR BLOOD DONORS

West Berlin IWE TAGESDIENST in German No 79, 24 May 86 p 2

[Article datelined IWE Berlin 24 May 86: "GDR Institutes AIDS Test for Blood Donors"]

[Text] This year, the GDR intends to phase in an AIDS test for all blood donors in order to prevent transmission of acquired immune deficiency through blood transfusions. That announcement was made by the East Berlin dermatologist, Professor Niels Soennichsen, chairman of the GDR Ministry of Health's AIDS advisory group. Currently, interviews with all donors have largely excluded blood donations by members of groups at risk, and in particular homosexuals who frequently change partners.

The AIDS test for blood donors is one of a series of GDR measures summarized in the Ministry of Health's guidelines for the prevention and control of AIDS dated 28 February 1986. Since the middle of last year, physicians have been required to report suspected cases of AIDS, clinically manifested illnesses, deaths from AIDS symptoms, persons shown to carry AIDS antibodies, and hospital admissions and discharges of pertinent cases.

Consultation offices have been opened in all GDR bezirks. They are responsible for the clarification of suspected cases which occur, for taking care of carriers of the antibody, and for advising the general population and medical personnel. In order to carry out these duties, the consultation facilities have established set appointment times, and are staffed by assigned doctors. Treatment of clinically manifested AIDS cases is to be carried out exclusively in central facilities provided for that purpose in East Berlin.

When asked, the East Berlin Ministry of Health stated there have been no clinically manifested cases of AIDS in the GDR to date. The ministry claimed to know nothing about carriers of AIDS virus antibodies.

/9365  
CSO: 5400/3021



GUATEMALA

NEW OUTBREAK OF POLIO REPORTED TO SEMINAR

Guatemala City EL GRAFICO in Spanish 8 Apr 86 p 3

[Article by Carlos Garcia Urrea]

[Text] Guatemala once again faces an outbreak of poliomyelitis after a major outbreak that occurred between 1982 and 1983. This was revealed during the seminar on journalism and children's health held last weekend in the Hotel Antigua, in Antigua, Guatemala.

During the seminar, which was organized by the Ministry of Public Health and by UNICEF, reference was made to existing diseases in Guatemala which can be eradicated by vaccination. Among these, they spoke about polio.

Dr. Otto Zeissig, head of the Department of Infectious-Contagious Diseases of the General Administration of Health Services, made the announcement of an outbreak of polio. The official disclosed that about 9 cases appeared between January and February of this year. He added that from 1983 to the present, 14 cases of poliomyelitis resulting in paralysis have been reported. He said that this leads us to conclude that we are once again looking at an outbreak of the disease.

In 1982 and 1983 there were 200 cases, despite the vaccination campaigns that took place in those years.

**The Goal: To Totally Eradicate Polio**

For his part, Doctor Eduardo Tejada de la Vega said that the goal of the vaccination campaign, which will begin this month, is to eradicate the primitive, indigenous poliomyelitis virus totally by the year 1990.

He said that the vaccination [program] will include all children between one and five years of age, whether or not they have been previously vaccinated. He explained that to revaccinate a child does not expose him to any danger; rather it will be beneficial to him because it will permanently immunize him against that scourge.

He added that Guatemala is perhaps the only country in Latin America that has reported cases of polio this year, for it has been eradicated in other countries. Therefore, he added, our country has a goal to reach: to eradicate polio by 1990.



GUATEMALA

TYPHOID OUTBREAK REPORTED IN ZONE 12

Guatemala City PRENSA LIBRE in Spanish 21 Apr 86 p 12

[Text] Numerous children from the neighborhood La Esperanza, zone 23, Mezquital, are suffering from typhoid fever because the authorities from the Ministry of Public Health have not listened to the request made to them to control that disease, according to statements made in a visit to our paper by grieving citizens.

"We, the poor are also the children of God and we have the right to better living conditions. On numerous occasions government officials have been told that our children are dying because they do not have a medical clinic at hand where they can be cared for; but [rather] they [the officials] have turned a deaf ear to the pleas of grieving women who have lost their children because there was no one to care for them," they pointed out

Hugo Ochoa, who represents the people in the neighborhood, stated that several sources of typhoid fever have been found in the area, citing as an example, Hellen Alexander, daughter of Clara Elizabeth Mendez, as one of the affected people. She has been suffering from diarrhea, vomiting, and fever.

He pointed out that a long time ago they informed the government about this disease, from which children are suffering, and that they asked for a health unit, but the request was not met.

"Typhoid fever broke out because of a lack of water in the neighborhood, because the trucks which come to distribute it (they charge one quetzal per barrel) are no longer all coming; only one is coming now and the people have to get up early in the morning to get their supply of the lifegiving liquid," he stated.

"Because of the lack of water, which is so scarce that there isn't any to take an aspirin with, two cases of diphtheria and ten cases of typhoid fever have broken out; therefore it is necessary for the minister of public health to send an emergency unit to vaccinate the children," he indicated.

"This plea is also made to the wife of the president of the republic, Raquel Blandon de Cerezo, who, being the mother that she is, must put her

hand on her conscience and order them to come to the aid of the children of the neighborhood," he added.

"Another problem we have is that of the schools; we have only a cubbyhole where more than 300 children from the first through the fifth grade are studying."

13106/9190  
CSO: 5400/2067

GUYANA

PRESS, GOVERNMENT DISPUTE PRESENCE OF TYPHOID

Lab Confirmation

Georgetown CATHOLIC STANDARD in English 11 May 86 p 3

[Text]

PRIVATE laboratories have confirmed that the suspected typhoid cases that were reported last week in this paper to be prevalent are indeed cases of typhoid fever.

A member of the British High Commission and his wife were sent back to Britain recently, both ill.

In Barbados tests showed that she had typhoid fever and he mal-

aria and amoebic dysentery.

The Government laboratories for the past three months were short of the necessary chemicals to carry out the Widal test in order to confirm the presence of typhoid.

Drugs to treat the disease are also said to be, like so many other drugs, in short supply.

Government Denial

Georgetown GUYANA CHRONICLE in English 15 May 86 pp 1, 4

[Text]

THE Epidemiology Unit of the Ministry of Health has confirmed that there is an incidence of a viral infection in Guyana but not a typhoid fever outbreak.

Principal Medical Officer, Dr. Edward London said yesterday that typhoid fever is endemic in Guyana and every year there will be some confirmed cases in the country.

However, he noted that the number of confirmed cases this year has not exceeded those of the same period last year.

Dr. London, an epidemiologist, said that the cases now being diagnosed as typhoid fever were based on clinical examination and serological investigation and not on bacteriological

(culture) investigation which is conclusive.

The bacteriological investigation requires that a stool test be done before diagnosis is made.

The Principal Medical Officer pointed out that over the past month, individuals have been complaining of fever (running for periods between three to five days), bodily pains and sometimes vomiting. These are all symptoms of a viral infection.

The typhoid patient suffers from continued fever, malaise, abdominal pains and constipation more commonly than diarrhoea.

Typhoid will usually affect a whole family since they will be drinking the same water and eating the same food.

However, the Ministry of

Health has announced a number of measures that citizens should take to guard against typhoid, as follows:

- boil all water or, as an alternative, use a teaspoon of bleach (Marvex or Javex) in a five-gallon bucket of water. The water should be allowed to settle for one night and will be good for use in the morning;

- hands should be washed with clean water and soap after each visit to the toilet;

- fruits and vegetables should be washed thoroughly with clean water before being consumed;

- citizens are also reminded not to purchase fruits and vegetables that are displayed on the ground for sale.

25 July 1986

## Reconfirmation From Doctors

Georgetown CATHOLIC STANDARD in English 25 May 86 pp 2-3

## [Text]

THE CATHOLIC STANDARD on May 4 last reported an upsurge in the number of cases recently being diagnosed as Typhoid Fever in Guyana.

On May 15 the Chronicle ran a story denying that there had been such an upsurge, and Radio Antilles carried this.

The Standard is standing by its story.

Re-contacted by the Standard, one hospital claimed that it had treated more typhoid cases for the year than usual, as well as other cases it had queried as being typhoid, which may have been of a viral nature. It had also done the necessary stool tests, the hospital said.

One doctor, not previously contacted by the Standard for the original story, said that the patients diagnosed as having Typhoid had been treated with Chloromycetin, an antibiotic, and they had responded. The doctor pointed out that viruses would be unaffected by antibiotics.

Another doctor, asked to confirm the above statement, agreed with it, and added that treatment for Typhoid was specific. He said that he had also discovered more than the usual number of Typhoid cases, and that some had been of

a high titre.

One workplace previously contacted by the Standard, which had expressed alarm on behalf of its employees, has since received the results of tests carried out on its premises.

These have revealed a higher bacteriological content in the water supply than was standard, and as a precaution, the workplace has stopped serving coffee and is washing its wares in Marver.

One speculation is that when the water pressure is low, sewerage seepage gets into the pipes.

The results of the tests have been passed on to the City Council.

The Standard was not successful in its many attempts to re-contact Ministry of Health officials, so the following questions therefore remained unanswered at press time

1) Were the blood samples sent to the Caribbean Epidemiology Centre (CAREC) ?

2) How many samples were sent, and from how many hospitals?

3) Were the samples sent taken from cases that had already been diagnosed as Typhoid, or from new cases?

4) What are the names of the virus or viruses causing the viral infection?

/9274

CSO: 5440/094

HAITI

CONDITIONS IN MENTAL ASYLUM UNCOVERED

Port-au-Prince HAITI LIBEREE in French 21 Apr 86 p 6

[Article by Dr Joseph Dorvil]

[Text] To Public Health officials, to the CNG [National Council of Government], which rightly wishes not to be an extension of the Duvalierian system but rather a government that is ready to satisfy, insofar as possible, the just desires of our people:

Even in his most horrible nightmares, no Haitian worthy of the name could imagine, a priori, the extent of the Duvalierian disaster; everywhere you walk in Haiti you witness with dismay the painful spectacles that have resulted from its macabre policy in every branch of government. In truth, Duvalierism can only be the denial of patriotism and Haitian nationalism, and the flagrant violation of every principle of justice, democracy and brotherhood. One of those sickening spectacles that grip your heart and make you shake with indignation to the depths of your soul is the Beudet mental asylum.

There are 250 patients interned at the Beudet asylum; the monthly budget allocation for operating this institution, including patients' meals, is 3,400 gourdes. Assuming that a hospital of this size, the only one of its kind in Haiti, can be operated with only 400 gourdes (\$80) a month, that leaves only 40 centimes per day per patient for food; which means less than 15 centimes per meal.

The hospital, which does not even appear on the list of hospital centers of any health care region in the country, has only about 10 beds that are acceptable; they have neither mattresses nor linens; most of the patients sleep naked on the bare floor in unsanitary rooms or simply out in the open at the mercy of the rain or other imponderables; several dozen of them are also confined in cells that are just as terrible as those of Fort Dimanche [infamous prison].

As for drugs, let's not talk about them: even at the general hospital there are none; and even if there were any at Beudet, what would they be used for when the patient is starving? You will understand me better when you learn that 98 percent of the patients are indigents who were transferred to the hospital by the police.

That is the situation of some who, like ourselves, bear the name of Haitians.

A thorough investigation quickly revealed that 75 percent of the patients are, directly or indirectly, victims of that vile dictatorship; thus Duvalierism is also a major cause of madness; the Duvalier experience will undoubtedly go down as one of the most disturbing, most painful and most traumatic for our valiant nation.

We therefore appoint ourselves the spokesmen for those unfortunates who are also innocent victims of Duvalierism, which, after robbing them of their mental equilibrium, mercilessly left them on their own, to the "fish" and to the vermin.

Since there is a Ministry of Public Health under the present government, which professes to be human and attentive to the legitimate needs of the Haitian people whose destinies it temporarily directs, in the name of duty, in the name of this group of victims, we herewith make an urgent appeal for it to immediately take the measures necessary to improve the unjust fate of the Beudet asylum inmates.

If no satisfactory response is made within a reasonable time to the present request, the patients, most of whom are lucid in spite of everything, have stated their intention to go before the National Palace to demonstrate their discontent with being treated in this way by a government that claims to be new and to demand, at the risk of their lives, a tangible and immediate improvement of their sad fate.

11915

CSO: 5400/2062

INDIA

## REPORTAGE ON COUNTRYWIDE AIDS SURVEILLANCE

### Test Kits Received

Madras THE HINDU in English 4 Jun 86 p 9

[Text]

World Health Organisation approved diagnostic test kits for Acquired Immune Deficiency Syndrome have been procured by the Indian Council for Medical Research for use in the AIDS-surveillance programme now being implemented in the country.

The first batch of 5,000 test kits, with which 5,000 persons can be tested for AIDS antibodies in their sera, has arrived at the National Institute for Communicable Diseases, New Delhi. They will soon be distributed to those institutions, from among the 25 centres identified for AIDS surveillance, which are ready—in terms of availability of trained personnel, etc. to perform tests. The kits will be augmented, according to Prof. V. Ramalingaswami, Director General of ICMR.

"Our focus now is to conduct testing on a crash basis among as many high-risk groups as possible and also cover as many areas as possible so that we get an idea of the infection load—that is, if we find any infection at all—on the different samples surveyed", he said.

A training programme is being organised from June 16 to 20 at the NICD, under the guidance of Prof. Kurshid M. Pavri, Director, National Institute of Virology, Pune.

These kits, belonging to the first generation enzyme-linked immunosorbent assay (Elisa) tests are manufactured and marketed by the Wellcome Diagnostics, U.K. The second generation test kits are recombinant DNA technology based and are in various stages of development.

The Wellcome's kit is based on the so-called competitive Elisa test (rather than simple binding of a more general antibody to the AIDS-antigen used in other kits) and therefore is expected to be more specific in reactivity. It consists of a plastic well coated with "control" AIDS-anti-

bodies and AIDS-antigens. The serum sample to be tested is enzyme—horseradish peroxidase—linked and then added to the well. If there are antibodies present in the sample added to the plastic less colour develops than the case when there are no AIDS antibodies in the sample. The intensity of the colour that develops is read by an Elisa reader. The Elisa readers are being obtained separately by the ICMR from another firm.

**False positive results:** The Elisa-based first generation tests, however specific they may be, do indicate, in a certain fraction of the cases, false-positive results. Therefore, any positive reactivity is to be double-checked and confirmed by the elaborate western blot assay technique.

According to Prof. Ramalingaswami, since in our country we are mainly concerned with screening the high-risk groups, specificity is not being stressed at present. False-negative cases are likely to be rare as all the different forms of the virus, including the African variety, do have some antigenic proteins in common.

**Private clinics:** Private clinics are being encouraged to assist in these surveillance measures. Steps to provide kits to such institutions are being taken, according to Prof. Ramalingaswami, provided they agree to perform tests on the high-risk groups without charging any fee and report any positive result to the ICMR. Then the Council will carry out the confirmatory tests. Apollo Hospital, Madras, is one of the first to come forward to this arrangement.

There are no restrictions on private clinics importing such kits on their own—several have already sprung up—and there are no regulations. But Prof. Ramalingaswami appealed to such institutions not to make fast buck by indiscriminately offering to screen for AIDS. Some regulatory mechanism would have to be worked out in consultation with the Health Ministry.



## Problems in Madras

Madras THE HINDU in English 12 Jun 86 p 1

[Text] Several hundred samples of blood collected for AIDS detection in Madras are piling up for want of test kits. "We do not seem to get any aid in our efforts to test AIDS" say researchers.

When the first acquired immune deficiency syndrome cases were detected in the city in the last week of April, the Indian Council of Medical Research (ICMR) stated that it would make available the test kits liberally. However, the kits are yet to be supplied and the researchers who have been drawing the samples find themselves in a quandary. In fact, they have stopped collecting samples as storage space has become scarce.

Enquiries show that the ideal storage condition for the sample is 70°C, at worst it can be preserved at 20°C. In the absence of the required cold storage facilities, the samples are now stacked in the freezer compartment of the refrigerator in the laboratory where the temperature may only be between -10°C to -18°C.

Over 600 samples have so far been collected. To analyse these, the research team here needs at least seven test kits. This time the samples have been collected not only from the recognised high-risk groups such as prostitutes and homosexuals but also from 300 blood donors. This is significant in the light of the death in Bombay two days ago of a person who was reported to have acquired the deadly disease through blood transfusion.

**Risk of delay:** Researchers fear that with the increasing delay in testing, it will be difficult to trace many of the persons who may turn out to

have the infection. At least this was their experience in the first batch of AIDS cases. The blood samples from those cases were drawn in January-February last and by the time the results were known, it was April end. Assuming that the test kits are sent here immediately, it will take a month or two for the results to be confirmed. But by then, no one will know where the persons concerned are.

A further complication will arise if any of the 300 blood donors turn out to be positive cases of AIDS infection. Then, not only will they have to be traced but also the persons to whom the blood they donated has been transfused.

The case of the AIDS-infected woman who has become pregnant (already reported) is posing questions of medical ethics. There is a 90 per cent chance of the child contracting AIDS from the mother and so the doctors have advised the woman to terminate the pregnancy. But she insists on giving birth to the child as there is a 10 per cent chance that her infection will not be passed on to the child. Doctors ask, "is it proper for the woman to give birth to a child which, in all probability, will die a few months after birth if it has AIDS?" The woman is adamant because she lost her first child a few months ago.

Doctors are not sure whether that child died of AIDS as well. Also, the woman cannot be forced to terminate the pregnancy on medical grounds as this would violate her rights.

The doctors have decided to trace the children of the six AIDS infected women detected earlier and test them for the infection.

/13104  
CSO: 5450/0162



INDIA

# PANEL SET UP TO DECIDE ON AIDS TESTS FOR TOURISTS

Calcutta THE TELEGRAPH in English 28 May 86 p 4

[Text]

**New Delhi, May 27 (PTI):** The Centre has set up a high-level committee to decide whether foreigners entering India should produce Acquired Immune Deficiency Syndrome (AIDS) free certificate or face tests in India.

The committee headed by the Cabinet secretary will consider the modalities to screen foreigners to detect AIDS carriers, Prof. V. Ramalingaswami, director-general, Indian Council of Medical Research (ICMR), said here today.

It will also consider the impact of such measures on tourist traffic. Referring to various measures taken by the Centre to combat AIDS, Prof. Ramalingaswami said all blood banks in the country have been advised to screen potential donors using special AIDS detection kits.

As both AIDS and Hepatitis-B were transmitted through blood, testing for both could prove useful in preventing their spread, Prof. Ramalingaswami said.

He said AIDS was transmitted through sexual contact, use of contaminated syringes, multiple transfusions of blood or blood products and from infected mother to child.

Dr Pradeep Seth, associate professor, department of microbiology at the All India Institute of Medical Sciences, said AIDS was not transmitted through sneezing and coughing.

/9317  
CSO: 5450/0150

INDIA

## NATIONAL SEMINAR ON AIDS HELD IN NEW DELHI

### Preseminar Press Conference

Madras THE HINDU in English 7 Jun 86 p 7

#### [Text]

"The early indication from the six cases of AIDS infection in our country is that the pattern of transmission of the disease in India is probably not the same as elsewhere in the world", Prof. V. Ramalingaswami, Director-General of the Indian Council of Medical Research (ICMR), told a press conference here yesterday in connection with a two-day national seminar on AIDS beginning here tomorrow.

He made this observation from the empirical evidence available on AIDS-infection till now in the country. Though a lot of men had been tested so far, there was not a single case of AIDS-antibodies detected in them, he said.

According to him, over 2000 blood samples of men from STD/VD clinics, carriers of Hepatitis B virus (the epidemiology of AIDS being similar) prostitution areas and centres of homosexual practices such as jails have been tested for AIDS-antibodies but none have been found till now.

"That heterosexual activity, unlike the homosexual path observed in the West, could constitute the dominant route for transmission cannot be ruled out", he said. Semen is known to be a carrier of the virus, but antibodies have so far been found only in women—not only in the sera, but in the genital tract and uterus secretions as well. One of the six cases detected is, according to Prof. Ramalingaswami, actually bordering on the AIDS-disease.

About 20-25 per cent of cases of infection are known to develop into the actual AIDS-disease or AIDS-Related Complex (ARC). The gestation period for the infection to express itself as a disease is quite long. Prof. Ramalingaswami

observed that for some unknown reason, infection through blood transfusion took a much longer time than in sexually transmitted cases.

Four million victims: The present world figures of the total number of persons infected with the AIDS virus is about four millions and the total number of diseased cases, as of May 25, 1986 is 24,000 of which the cumulative mortality rate—as opposed to the yearly mortality rate—has been close to 50 per cent.

Eighty per cent of the 24,000 cases are in the U.S. and most of the rest in France, West Germany, Canada, Australia and Latin America. The number of African cases is still small (30-40) though, according to the information of a WHO report, AIDS may be a serious public health problem in parts of central Africa. Asia has the least number, with most of the cases reported being from Thailand. The figures are reported to be growing fast in Japan. There are no official reports of AIDS from China, according to Prof. Ramalingaswami.

In the absence of any curative possibilities till date, education and public awareness were the only powerful tool available to reduce the risk of infection of AIDS—acquired immune deficiency syndrome, he said.

The seminar, being organised by the Indian Medical Association and the ICMR, will focus on the strategy to be adopted for the national surveillance programme and will discuss information dissemination, particularly the media's role.

(AIDS virus destroys all disease-resisting immune systems in the body, exposing the patient to a variety of infections and making him vulnerable to death)

### More Cases Revealed

Madras THE HINDU in English 8 Jun 86 p 12

[Text] Nine more women prostitutes in Tamil Nadu were recently confirmed to be AIDS-virus infected taking the total number of such patients in the State to 15. Earlier, six such women had been found to have contracted the virus.

This was revealed by Dr. Eric Simoes of the ICMR Centre for Advanced Research in Virology, Christian Medical College Hospital, Vellore in a paper today. The paper, titled "AIDS present status in India", was presented at a national seminar on acquired immune deficiency syndrome (AIDS) here.

The CMC, according to Dr. Simoes has, between February 85 and to date, screened 1,434 samples of sera from high risk groups, from all over Tamil Nadu, for AIDS antibodies in them. Of these, 34 have shown positive response (sero positive) under repeated enzyme-linked immunosorbent assay (ELISA) tests. Among the 34 cases, 20 are prostitutes, nine are promiscuous heterosexuals (8 male, 1 female) and five multiple blood transfusion cases. The confirmatory tests on the rest are yet to be performed. Association of these cases to the Hepatitis B virus infection is also reported to be strong.

**New technique:** The 20 prostitutes include the six which were confirmed by the western blot assay technique at the National Institute of Health, U.S., in April 1986. Nine more of these repeated sero-positive samples have now been confirmed by an alternative test—but a quicker, cheaper and simpler technique—invented

by Dr. Abraham Karpas, assistant director of research at Cambridge University's Department of Haematological Medicine.

Dr. Karpas, who is currently here, had visited the CMC, Vellore, the National Institute of Virology, Pune, the J.J. Hospital, Bombay, and the ICMR and the AIIMS, New Delhi, demonstrating his test. Confirmatory tests on sero-positive samples in each of these institutions, using the Karpas apparatus, have been carried out.

The novelty of this test is that it employs the infected cells instead of the purified virus. Those used here are the leukemia affected T-cell lines of a child which was established in culture 11 years ago. These cell lines were found to be uniquely susceptible to the AIDS virus and the virus has been found to grow well in them.

**A suspect being watched:** Prof. V. Ramalingaswami, Director General, ICMR, said that one out of the six women suffering from AIDS in Madras was yet to develop two symptoms which would confirm the full blown AIDS. The woman was being watched carefully for development of "opportunistic infections and tumors. She has lost weight considerably and developed enlargement of lymph glands and is to be on the borderline of full blown disease".

Dr. Philip Schambra, Science Attache in the U.S. Embassy, said more suspect samples were being tested in the National Institute of Health in the U.S. This facility would be extended to India till the necessary technology was fully transferred to this country.

/13104  
CSO: 5450/0161

INDIA

CALCUTTA PLANS FOR AIDS TESTING REVEALED

Calcutta THE TELEGRAPH in English 2 Jun 86 p 7

[Text]

**Corporation Place:** Blood serum of 96 professional blood donors from different city blood banks will be examined for the Acquired Immune Deficiency Syndrome (AIDS) virus some time in August by the Bhoruka Research Centre for Haematology and Blood Transfusion here.

Dr Dilip Kumar Bhattacharya, noted haematologist and director of the centre told **The Telegraph** that the examination would be conducted by an imported Elisa (Enzyme linked immunosorbent assay) test kit for AIDS. Orders have already been placed for one kit priced at about Rs 10,000. The kit is expected to arrive in the city in August.

The handpicked donors will be subjected to serological tests to determine their "immunological status and prove whether they harbour AIDS antibodies." Dr Bhattacharya said. As soon as the first kit arrives, personnel and doctors at the Bhoruka blood laboratory will be trained extensively for the test and proper usage of the kit.

Asked why the centre had chosen to test only professional blood donors and not other segments of the high risk

population like homosexuals, prostitutes and haemophilia patients, Dr Bhattacharya said the first survey by the centre was to be an exercise in "independent research." Later, the centre would examine other segments of the high risk population.

Meanwhile, the School of Tropical Medicine (STM) has decided to set up a surveillance clinic for AIDS which will start operating in a few months time with the same kits. The clinic would be suitably equipped with a deep freezing system, autoclaves and other equipment. The STM's survey would begin with identifying red light areas and examination of blood serum of prostitutes. Later, samples of blood donors and patients of venereal diseases would be examined for AIDS.

Doctors at the Bhoruka centre are unanimous in contending that all blood banks in the city should examine donated blood to check the virus. This was, however, not possible immediately because of the exorbitant price of the imported kits and the non-availability of the 480 test kits which would

help the examination of an equal number of people.

According to authorities of Ortho-Diagnostic Systems, a city firm which is importing Elisa kits, only 96 test kits are available now. The kits have a "shelf-life" of six to eight weeks. Dr Bhattacharya said that blood banks could test blood for AIDS on a regular basis if there was some exemption of customs duty on the kits which would make them less costlier.

Dr Bhattacharya dismissed as "hearsay" reports of a suspected AIDS victim in the city at a reputed cancer centre and welfare home. The victim was actually suffering from lymphoma (cancer of the gland) and had showed signs of swelling glands and skin rashes. "Most of the cancer patients have an immunity problem and swelling of lymph glands is a normal symptom associated with the disease," Dr Bhattacharya said.

With both the STM and the Bhoruka centre gearing up for the definitive AIDS tests, the city will finally know by this year-end whether it has any victims of the dreaded disease.

/9317  
CSO: 5450/0152

INDIA

# RAJASTHAN TRIBALS DYING OF GUINEA WORMS

Calcutta THE TELEGRAPH in English 28 May 86 p 4

[Article by Yubraj Ghimire]

[Text]

New Delhi, May 27: Several hundred tribals in Rajasthan have died of guinea worm infection and many others suffering from the disease are in the terminal stage.

The "unreported epidemic" came to light when the Union welfare minister, Mrs Rajendra Kumari Bajpai, toured the tribal areas of the state that week along with some Central officials to gather first hand information on the welfare measures being taken in these areas.

The exact number of tribals who have died of guinea worm infection is not known, but it is estimated at several hundreds. The tribals, including some victims, told the minister that most of the deaths were due to lack of medical help. The infection is caused by contaminated water. The tribals in the state drink water from ponds. The water is contaminated by dogs and other animals. According to official sources, 75 per cent of the tribals in the tribal sub-plan area have no drinking water facilities and may be suffering from this fatal infection. Rajasthan has a tribal population of 42 lakhs.

A 25-year-old tribal youth, almost paralysed due to guinea worm infection, was brought to the Rikhaddev tourist bungalow in Udaipur on May 22. A local quack scraped the tribal's skin and pulled out 10 guinea worms, each a metre long, from his body.

The guinea worms enter the body from contaminated water. They continue to grow sucking blood from the veins. The victims are first paralysed, then they become anaemic and ultimately die.

The tribal sub-plan (TSP) is meant for development of tribal areas with priority to medical facilities. The state government had been given Rs 290 crores in the Sixth Plan against Rs 351 crores in the Seventh Plan under TSP.

The Rajasthan welfare minister, Mr Ram Lal Upadhyay, was present when the Union welfare minister saw the quack save the tribal youth with the help of primitive methods. Dr Bajpai has said she will soon ensure that the tribals get proper medical treatment and clean drinking water.

/9317  
CSO: 3450/0150

INDIA

MALARIA REPORTED ON INCREASE IN EAST, NORTHEAST

Calcutta THE STATESMAN in English 31 May 86 p 7

[Text]

SHILLONG, May 30.—The P. *Falciparum* malaria has assumed serious proportion in the eastern and north-eastern parts of the country during the past few years, according to official sources here, reports UNI.

Though its incidence in some parts of the country declined by about 25%, it was on the increase in different places of the north-eastern region and the Andaman and Nicobar Islands last year.

The incidence of the disease was noticeable in various parts of Bihar and West Bengal where the P. *Falciparum* containment programme faced a number of constraints, the sources said.

Explaining the epidemiological situation in the country, the sources said about 80 districts in the country, including 18 in the north-eastern region, having a population of about 10 crores were threatened with P. *Falciparum* malaria.

The spokesman said an entomological study in the P. *Falciparum* infested areas showed that in a few new sectors the disease was spreading rapidly.

Considering the seriousness of the malaria cases, the Union Health Ministry had modified and intensified the containment programme by establishing four operational zones in the country with headquarters at Shillong, Bhubaneswar, Ranchi and Bhopal.

The disease in 18 districts of the north-eastern region was found resistant to chloroquine that compelled the malarologists to modify the containment programme and identify a new drug to fight it, the sources added.

The P. *Falciparum* containment programme was being assisted by the World Health Organisation, sources said.

/9317

CSO: 3450/0151

INDIA

# MALARIA, JAUNDICE, OTHER DISEASES ATTACK IN ASSAM

Calcutta THE TELEGRAPH in English 3 Jun 86 p 4

[Text]

Guwahati, June 2 (PTI): A multi-pronged attack of malaria, jaundice, gastro-enteritis and dysentery has broken out in an epidemic form in Tamulpur and other areas in the Nalbari district of Assam, claiming more than 238 lives since April.

The state chief minister, Mr Prafulla Kumar Mahanta, accompanied by the health minister, Mr Chandra Mohan Patowary, visited several primary health centres and temporary health clinics to supervise medical services being rendered to the affected. Malaria alone claimed 64 lives in the areas.

The chief minister told newsmen at Tamulpur that the situation was now under control. The para-medical teams, he said, had fanned out in the affected areas to prevent further spread of the diseases.

Mr Mahanta, who sanctioned Rs two lakhs from the chief minister's relief fund for the worst hit people in the district, said the health department had decided to organise extensive spraying of DDT as a measure against the spread of malaria throughout the state.

He regretted that central assistance was not "satisfactory" as no medicines or specialists were being sent to the state

despite repeated requests.

Newsmen, who visited the affected areas of Nalbari district, saw long queues of patients before the health centres. Local people complained that medical facilities were inadequate. According to them, the death toll was much higher than what was reported. Hundreds of people are receiving treatment in the primary and temporary health centres.

A batch of 45 volunteers of the Assam Village Defence Organisation (VDO) have been rendering a yeoman's service in Tamulpur, according to a release of the state police here today.

The volunteers have been helping the doctors in three relief centres besides bringing the patients from their houses since May 19. The chief advisor of the Assam VDO, Mr Tridib Phukan has been supervising the relief work.

Meanwhile, the superintendent of police, Nalbari, had opened two out-patient departments in Tamulpur area for the treatment of the patients, the release added. The director-general of police, Assam, has also sent two police doctors and seven para-medical staff with necessary medicines to the affected area.

/9317  
CSO: 5450/0153



INDIA

BRIEFS

**SOCIAL DISEASE STATISTICS**--Over nine lakh people in the country were suffering from sexually transmitted diseases (STD) with Maharashtra (3,88,465), Tamilnadu (1,79,554), Karnataka (63,595) and Orissa (58,756) the most affected, reports PTI. The number of people suffering from STD has doubled from 4,57,414 in 1982 to 9,19,085 in 1984, according to statistics published by the Central Bureau of Health Intelligence. Among other diseases, syphilis, gonorrhoea and chancroid had afflicted 97,738, 43,390 and 50,170 people respectively in 1984. Syphilis and gonorrhoea were rampant in Maharashtra with 59,825 and 25,899 people suffering respectively, followed by Tamilnadu (12,924 and 5,924), the statistics showed. [Text] [New Delhi PATRIOT in English 29 May 86 p 5] /9317

**BIHAR JAUNDICE DEATHS**--Patna, May 31--Nearly 17 jaundice deaths have been reported in parts of Bihar, according to official sources. Thirteen deaths have been officially recorded in Patna and the rest four in Ranchi. In Ranchi, there were 2,910 registered cases, while Patna accounted for 214. Of the cases reported in Ranchi, 2,879 were detected at the Heavy Engineering Corporation (HEC). Health officials, however, denied that there was a major outbreak of hepatitis in epidemic form in the state. They also denied newspaper reports that more than 30 people had died of jaundice in Nalanda district in the last one month. [Text] Bombay THE TIMES OF INDIA in English 1 Jun 86 p 12] /9317

**EPIDEMICS IN MADHYA PRADESH**--Gwalior, May 18 (PTI)--Twelve children died and 72 were still suffering from measles, dysentery and gastro-enteritis as village Gevad, 25 km from Bhind, was being swept by a wave of epidemics since April last, according to an official report. The commissioner of Chambal division, Mr Ajay Shankar, who visited the village on Thursday for an on-the-spot study, gathered information from the villagers and ordered an inquiry into the lapses by the medical staff of the primary health centre, Phoop. The chief civil surgeon of Bhind district would conduct the inquiry. The head of the department of preventive and social medicine, Mr A.K. Govila and Prof R.C. Rastogi of the G.R. Medical College, Gwalior, accompanied by the medics of the college carried out a door-to-door survey in the village and detected that out of 180 children, 72 were still suffering from measles, dysentery and gastro-enteritis. [Text] [Bombay THE TIMES OF INDIA in English 19 May 86 p 4] /9317



**CALCUTTA AIDS CENTER**--An AIDS surveillance centre is being set up in Calcutta at the Tropical School of Medicine, Department of Virology, as part of a countrywide programme undertaken by the Central Government. The Director-General of the Indian Council of Medical Research, Dr S. Ramalingaswami met the Minister of State for Health, Mr Ambarish Mukherjee and senior doctors on Wednesday. The ICMR will soon provide the centre with medical equipment worth Rs 5 lakhs. The Minister was stated to have told Dr Ramalingaswami that the surveillance centre should not be limited to viral detection relating to AIDS but include the viruses which induce hepatitis and encephalitis. Mr Mukherjee also suggested the scope be extended and Virology Departments be set up in the moffusil areas of the State. The ICMR Director-General was said to have been receptive to the idea and agreed to allow the State Health Department to set up Virology Department at the North Bengal, Burdwan, and Bankura Medical College Hospitals. Funds and equipment for research facilities will be provided by the ICMR. [Text] [Calcutta THE STATESMAN in English 15 May 86 p 11] /9317

**JAUNDICE IN KANPUR**--Kanpur, May 13--Kanpur city and its surrounding areas are in the grip of a severe jaundice epidemic which has so far taken 18 lives. According to a survey, an estimated 250 people fell ill after the disease broke out last month. Doctors conducting the survey said these figures were only the "tip of the iceberg." The casualty figures could be many times more as a large number of cases were not reported to hospitals at all. The social and preventive medicine department of the GVSM Hospital which is conducting the survey, has held treatment by quacks and community healers responsible for the massive toll.--UNI [Text] [Madras THE HINDU in English 14 May 86 p 8] /9317

**INFECTIVE DISEASE MORBIDITY**--Infective and parasitic diseases have contributed the maximum to morbidity and deaths in India, according to a study by the National Institute of Health and Family Welfare here. Infective and parasitic disease group (malaria, tuberculosis; tetanus, enteritis and diarrhoeal complaints) was the leading one, contributing 26.2 per cent of total morbidity followed by diseases of the respiratory system. The infective and parasitic disease group contributed to one-third of total deaths followed by diseases of the circulatory system (11.7 per cent) and diseases relating to perinatal mortality (10 per cent). The study seeks to provide trends on the morbidity and mortality statistics to help planners and administrators to chalk out health strategies. Out of total deaths reported, 68.1 per cent were males. The younger age group, less than 15 years of age, particularly in the neo-natal period, recorded 41.3 per cent of the deaths. More than half of the total morbidity in India was contributed by infective and parasitic diseases, and diseases of respiratory and digestive system, the study concludes. [Text] [Bombay THE TIMES OF INDIA in English 6 Jun 86 p 31] /13104

**CHILDRENS'S MYSTERY DISEASE**--Twenty-five children have died of a mysterious disease in Amlerkar, Garhadi and Barga villages in Mandala district close to the Raipur sub-division. Most of the victims were tribals. [Text] [Calcutta THE TELEGRAPH in English 11 Jun 86 p 5] /13104

25 July 1986

DISEASE MONITORING CENTERS--The directors of health services, who met here yesterday, called for restructuring of the directorate of health services taking into consideration the guidelines and objectives enunciated in the national health policy. In a series of recommendations, the meeting stressed the need for the establishment of sentinel centres in each state and Union territory to monitor the morbidity and mortality patterns of the diseases covered in the national programmes. A recommendation said that the health organisation of the directorate level in a number of states is divided into several components like medical education and family planning and each component worked in isolation. A suitable mechanism should be developed to ensure that the whole organisation had an integrated approach, the recommendation said. [Text] [Bombay THE TIMES OF INDIA in English 6 Jun 86 p 7] /13104

CSO: 5450/154

JAMAICA

HEALTH MINISTRY OFFICIAL REVIEWS 1985 DEVELOPMENTS

Kingston THE DAILY GLEANER in English 31 May 86 p 13

[Text]

There were 33 cases of typhoid fever reported in the Kingston and St. Andrew Region in 1985.

This was revealed today by Acting Epidemiologist in the Ministry of Health, Dr. Peter Figueroa, as he spoke at the eighth annual conference of the Kingston and St. Andrew Public Health Department, held at the Bank of Jamaica auditorium, downtown.

Giving the annual report, Dr. Figueroa said the disease invariably arose where there was a breakdown in basic sanitation.

Dr. Figueroa also noted that for 1985 there were four cases of imported malaria and this indicated a need to remain vigilant to ensure that the disease was not reintroduced into Jamaica. It also underlined the importance of keeping the presence of the Anopheles mosquito-carrier of the disease to a minimum.

The six cases of diphtheria for the same year "underlines the need for further improvement in immunization coverage", he observed. He said, however, that this situation should be greatly improved with the new legislation slated for September which would make full immunization mandatory for entry into primary school.

Overall, he noted that although there were some areas of difficulty, there were a number of areas which deserved commendation. In 1985, he said, 5,281 children under five years were given Oral Rehydration Therapy in health centres compared with 3,415 in 1984.

Patient attendance at dental clinics also saw an increase to 97,326

from the 1984 figure of 71,518. Dr. Figueroa expressed the hope that this trend would be maintained and said he looked forward to the implementation of the plan to fluoridate table salt.

He highlighted the improvement in the collection of garbage as a result of the work of Metropolitan Parks and Markets, which would assist in the maintenance of public health.

Finally, Dr. Figueroa observed that the building of a comprehensive health centre had been completed with the assistance of the Dutch Government.

Guest speaker at the conference was economist, Mr. Mark Ricketts, managing director of Security Brokers who noted the importance of primary health care in the total health system. "The robustness of the future depends on a healthy present", he said.

He pointed to a need to bring to the awareness of the public, the importance of maintaining commitment to the preventive programme.

Also speaking at the conference were: Dr. Deanne Ashley, Senior Medical Officer for Maternal and Child Health; Mrs M. Dawson, representative of the United Nations Children's Fund (UNICEF) in Jamaica; Mrs. F. Johnson, nursing officer in the Ministry and Dr. Owen Jefferson, Deputy Governor of the Bank of Jamaica.

The programme was chaired by Mr. Lester Woolery, Director of Pharmaceutical Services in the Ministry and blessings were said by the Rev. Dr. H. Russell.

JAMAICA

# IMMUNIZATION CAMPAIGN BEGUN IN 11 PARISHES

Kingston THE DAILY GLEANER in English 27 May 86 p 2

[Text]

The Ministry of Health has embarked on a four-year health programme that will cover 11 parishes with the hope of bringing immunization coverage up to 80% among children between the ages of 0-4 years old.

This was disclosed by Parliamentary Secretary in the Ministry of Health, Dr. Horace Chang, at the Victoria Jubilee Hospital celebration of "Nurses Week" on Tuesday, May

13.

An exhibition of handicrafts done by the hospital's nurses was put on display as well as drama and songs to highlight the day's function. Two citations were read and presented to the "Nurse of the Year" Marron Isoline Hunds, and "Midwife of the Year," Miss Desperne Moodie.

In keeping with the theme of this year's Nurses Week, "Immunization by 1990," Dr. Chang said that the

programme would take place in 11 of the most critical parishes which are mainly those with low health coverage. The three parishes excluded from the campaign are Hanover, Portland and Trelawny.

Health workers were called upon to go out to the deep rural areas in an effort to reach the poor who often tended to have other priorities in their lives and placed immunization last on their list.

"These are the people the health workers have to try and reach and re-motivate," he said, adding that a considerable amount of them had gotten below the poverty line.

The Parliamentary Secretary called for more intersectoral co-operation in the immunization programme. He suggested that the community became more involved in primary health care and the curative services.

/9274

CSO: 5440/093

KENYA

## 56 AIDS CASES CONFIRMED, PREVENTIVE MEASURES URGED

Nairobi DAILY NATION in English 31 May 86 p 5

[Text] Kenya now has a total of 56 confirmed cases of AIDS (Acquired Immune Deficiency Syndrome). Dr Ndinya Achola, yesterday told a seminar organised by the National Nurses Association of Kenya (NNAK) in Nairobi.

"We have had 30 more cases of AIDS since the beginning of the year and this added to the 26 cases confirmed by the end of last year makes the country to have a total of 56 cases," he said.

Dr Achola, who was one of the three medical experts invited to discuss and inform the nurses about AIDS, said that the first case of AIDS in the country was detected in 1983 in a non-Kenyan. The second one was in 1984 and it was detected in someone who had been out of the country. However, there were 24 confirmed cases of AIDS in 1985.

Tests on blood received from various patients with venereal diseases before 1980 do not show the presence of this disease in the

country at that time or earlier, but Kenyans must take AIDS seriously and take preventive measures which include reduction in prostitution and sexual promiscuity. Dr Achola said.

The seminar, which ends at Kenyatta International Conference Centre today, was told by Dr Achola that promiscuous people can infect their partners with AIDS.

## Handle

Another Kenyan medical expert, Dr D. M. Owili, said it is possible for them to handle AIDS patients without endangering themselves.

Dr Owili said disinfection with lysol or sodium hypochlorite solution can destroy AIDS virus in the surroundings where the victims are being treated or cared for.

Dr Owili said various antiviral drugs are being tried in treating the disease and suramin which has some toxic effects was also being experimented for action against the virus.

Dr Achola, Dr Owili and Dr F. P. Plummer told the nurses that for some reasons, AIDS in Europe and America seemed prevalent among homosexuals while in Africa it seems to be transferred among heterosexuals.

/12828

CSO: 5400/145

MEXICO

BRIEFS

NATIONAL, JALISCO STATE AIDS FIGURES--Guadalajara, Jalisco, 15 May--The educational director of the Health Secretariat's West General Hospital, Francisco Javier de la Cabada, declared that AIDS is gaining more victims all over the world, currently totaling 28,000 cases, 16,000 of whom have died; after noting that, in Mexico, there are 600 persons stricken with the disease and, in this state specifically, 30 cases have appeared, all of which succumbed. [Excerpt] [Mexico City EXCELSIOR in Spanish 16 May 86 STATES section p 2] 2909

CSO: 5400/2071

25 July 1986

## PHILIPPINES

## HEALTH MINISTER STEPS UP CALL FOR CHILD IMMUNIZATION

Quezon City ANG PAHAYAGANG MALAYA in English 2 May 86 p 2

[Text] Only one of every two Filipino children is fully immunized.

Alarmed by this statistic, Health Minister Alfredo Bengzon yesterday stepped up his call to parents to bring their children to immunization centers not only once, but thrice a year to enable their sons and daughters to get the full dosage of the six vaccines needed to combat the six dreaded childhood diseases.

The diseases include pertussis or whooping cough, tetanus, diphtheria, measles, poliomyelitis and tuberculosis.

The diseases, according to the United Nations Children Fund, kill or seriously cripple five million children each year.

It is necessary for a child to be vaccinated thrice to become fully immunized.

According to a report reaching Bengzon, the health ministry has been unable to succeed in immunizing children against the killer diseases because mothers fail to bring their children to immunization centers as often as necessary.

Only 62 per cent of the 80 per cent of children who get the first round of immunization return to have their booster doses, a report said.

Immunization comes in three rounds every year free. The first

round starts in January and February; the second in June and July; and the third in November and December. This has been scheduled so that children reaching the age of three to 14 months have always the chance of being immunized.

Three-to five-month old babies are given vaccines for diphtheria, TB and polio. Six-to-8-month-old tots are given the second dose of diphtheria and polio. Nine to 11-month-old children are given diphtheria, polio and measles vaccine. School entrants (7-year-olds) are given BCG, an anti-TB vaccine, during the opening of the school every year. Tetanus toxoid immunization is given in two doses of at least four weeks interval.

/12828

CSO: 3400/4386



POLAND

INFECTIOUS DISEASES SUMMARIZED FOR 1984

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 1, 1986 pp 22-140

[Text] Measles

D. Naruszewicz-Lesiuk

In 1984 the total number of notified measles cases was 51 403 and the incidence was 147.4 per 100 thousand. This was the highest incidence and morbidity since 1978. Cases occurring in non-vaccinated individuals prevailed — 78.2%, and in 5.3% of cases no information on vaccination was available. The incidence in males was 157.1 and it was higher than in females 138.2. The incidence in rural areas 160.3 was higher than in towns 138.7. Sixteen patients died, the mortality was 0.04 per 100 thousand.

Whooping Cough

A. Adonajlo

The number of whooping cough cases notified in Poland in 1984 was 326, that is 141 cases more than in 1983. The incidence was 0.9 per 100 thousand. Two infants died: one in town another in a village. The cases were notified in 39 provinces, with the highest incidence in the City of Cracow — 96, incidence 8.0, and Province of Radom — 33, incidence 4.6 per 100 thousand. The greatest age group constituted infants — 40.2%, the incidence in this group was 16.3 per 100 thousand. In the children aged 0—4 years the mean incidence was 6.4; in those aged 5—9 years it was 1.4; and in the age group 10—14 years it was 0.9. The incidence in children aged 0—14 years was 3.1 per 100 thousand, and it was higher in towns (3.4) than in villages (2.7).

Scarlet Fever

A. Adonajlo

The total number of notified cases was 14 613, the incidence was 39.6 per 100 thousand. The number of cases and the incidence were higher than in 1983 but much lower than the median value for the years 1978—1982. The incidence in towns was 52.2, and it was 2.4 times higher than in the rural areas — 20.7 per 100 thousand. Most cases were in children aged 2—9 years. In towns the highest incidence was in children aged 4 years and in rural areas in those aged 6 years. On the age group 10—14 years the incidence in rural areas was higher than in towns. The general incidence was slightly higher in males but in some age groups: 5—9 years, 10—14 years, 30—39 years females prevailed. The highest incidence was in the autumn-winter period.



## Epidemic Parotitis

J. Zabicka

In 1964 the number of notified mumps cases was at the level not yet observed (214316) and the incidence was the highest one in the whole postwar period — 381.1 per 100 thousand. The incidence in females over 20 years of age was higher than that of males. The incidence in rural areas was 490.1 and in towns 642.2 per 100 thousand.

## Influenza

H. Rudnicka

In 1964 the total number of notified influenza cases was 2432 000 and the incidence was 6632.7 per 100 thousand. This morbidity was twice as high as in 1963. Forty-nine patients died, the mortality was 0.13 per 100 000.

## Rubella

H. Rudnicka

In 1964 the number of rubella cases in Poland was 24456. The incidence was 66.3 per 100 thousand, and it was highest in children aged 3—9 years. The incidence in women over 20 years of age was slightly higher than that of males. The incidence in the rural population was 33.9 and in the urban one it was 86.6 per 100 000.

## Cerebrospinal Meningitis and Encephalitis

J. Zabicka

In 1964 the number of notified cases of cerebrospinal meningitis was 7386 and the incidence was 20.6 per 100 000. The number of cases caused by enteroviruses (serous meningitis) was 4278, the incidence was 11.8, there were 2978 cases of purulent meningitis (incidence 8.1) and 340 cases of meningococcal meningitis (incidence 0.9 per 100 000). The number of encephalitis cases notified in that year was 395, incidence 1.1 per 100 000. Similarly as in previous years neuroinfections were connected with a high mortality — 934 deaths were due to meningitis and encephalitis.

## Typhoid Fever and Paratyphoid Fevers

E. Gonera

The typhoid fever cases in 1964 numbered 79, the incidence was 0.22 per 100 thousand. Two patients died and the typhoid fever diagnosis was based on histological examination. In 53 cases the diagnosis was confirmed bacteriologically. The number of recorded epidemic foci was 62, including 4 major ones: a slight epidemic of water-borne infection (11 cases) and 3 foci (4 cases in each) among the families and neighbours. In 1964 the number of provinces without this disease dropped steeply from 29 to 18.

Eight cases of paratyphoid fever were recorded: 6 in 1964 and 2 in 1963. All cases were due to *S. paratyphi B*. In only 1 case *S. paratyphi B* was isolated from the blood, in another one from the bile, and in 3 from faeces.

## Salmonellosis

### Z. Anusz

In 1984 the number of notified cases was 30 352, that is 12 679 more than in 1981. The incidence was 45 per 100 thousand. The seasonal increase in the incidence was observed between May and June (50.6%) with a peak in June (16.6%). The main aetiological agent was *S. enteritidis* (60.8%), *S. typhimurium* (24.9%) and *S. agona* (10.1%). In the whole country 43 serotypes of the bacteria were recognized. The number of deaths was 26 and the mortality was 0.10 per 100 thousand (death rate 0.12). Salmonellosis were observed more frequently in towns (51.7%) than in villages (47.9%). The incidence in females was lower (32.2) than in males (33.6) both in towns and in villages. The highest incidence was in the age group 0—4 years (332.4), particularly in infants aged 0—11 months (1018.7). In 1984 11 920 alimentary poisonings were recorded the incidence was 22.3. Infection with salmonella without alimentary poisoning was noted in 18 432 cases, the incidence was 30.6 per 100 000.

## Bacterial Dysentery

### H. Stypulkowska-Misiurewicz, A. Adonajlo

In 1984 the morbidity due to the dysentery was 8242, the incidence was 22.3 per 100 thousand, and it was over 2.5 times higher than the median incidence in the years 1978—1982. The incidence in towns was 20.5 and it was over twice as high as in rural areas — 13.1. The highest morbidity — 22.3 was observed in large towns with over 100 000 population. In towns the disease was most frequent in children aged 4 years (incidence 144.1) and in villages those aged 2 years (incidence 68.4). There were no significant differences in the incidence related to sex, but in various age groups the incidence was somewhat higher in females. Among major epidemics occurring in 1984 the greatest was that in the Province of Wrocław with 4493 cases, and the source of infection was cottage cheese produced in a dairy plant. The isolated *Shigella* species were: *S. sonnei* (95.8%), *S. flexneri* (3.1%), *S. boydii* (0.07%) and *S. dysenteriae* (0.97%).

## Alimentary Poisonings

A. Adonajlo, M. Maruszczak

In 1984 the number of notified cases of alimentary poisoning was in Poland 16791, the incidence was 43.5 per 100 thousand. This morbidity and incidence were considerably higher than in 1983, and the median for the years 1978-1982. The number of cases in towns was higher (10227) and the incidence was also higher (46.3) in relation to villages (6564 cases and incidence 44.3). The incidence was particularly high (84.6) in small towns with population under 20 thousand. The general incidence was higher in females (47.4) than in males (43.5). A comparison of the incidence in various age groups showed that it was highest in children aged 3-9 years (61.7) and aged 10-14 years (73.9) as well as in the age group 15-19 years (67.8). The most frequent aetiological factor in these cases was *Salmonella* which caused 11910 cases (incidence 32.3).

Out of the total number of 16230 cases of alimentary poisoning of bacterial origin 11980 (68.3%) were due to mass poisonings in 322 foci in 44 Provinces. In the total number of cases children up to 14 years of age accounted for 37.5%. In the foci of mass poisonings the most frequent cause was *S. enteritidis* (79.7% of foci and 84.4% of cases). In relation to 1983 a considerable reduction was observed in the number of foci and cases caused by *S. typhimurium* and staphylococcal enterotoxin. In most foci the source of poisoning were meat dishes, followed by ice-cream, cakes and desserts. Mass poisonings occurred most frequently in families (54.7% of foci and 37.8% of cases). In relation to 1983 the number of foci and cases was higher in health resorts and health service institutions.

## Botulism

### Z. Anusz

In 1984 the number of botulism cases was 541, that is 83 less than in 1983 and 149 more than the median for 1978-1982. The incidence was 1.5 per 100 thousand, and that meant that the incidence was 0.8 lower than in 1983. A seasonal increase of the number of cases was observed in the time period from June to September. The morbidity was higher in village population (70.4% of cases) than in urban population (29.6%), the incidence in the village population was 2.6 per 100 thousand, and in towns 0.7.

The highest incidence was in the age group 25-39 years (2.3-2.5). Most patients came from one-case foci (33.2%) and two-case foci (20.7%). The food product causing most frequently botulism was meat (88.6%) (canned meat - 38.3%), fish - 10.4% (canned fish - 5.9%), vegetables (1.9%).

The most frequent source of poisoning were food products processed in the households (76.2%). The most frequent cases were caused by botulinum toxin type B (85.8%) followed by type A (1.2%), type E (3.0%); while type E was never observed. Six cases of repeated botulism were noted. Thirteen patients died (mortality 2.4%); the death rate was 0.63 per 100 thousand of the population.

## **Virus Hepatitis**

### **A. Przybylska**

The total number of notified cases was 32 287 (that is 9462 less or 15.3% less than in 1983). The incidence was 141.7 per 100 thousand and it was lower than in 1983 (168.8) but higher than the median value for the years 1978-1982 (138.1). The general incidence in males (146.3) was higher than in females (137.2). The total incidence in rural areas was 179.1 and in urban areas 122.6. Virus hepatitis caused death of 311 subjects. The mortality was 0.67% and the fatality rate per 100 000 was 0.90. Type B virus hepatitis (with demonstrated HBsAg) in 1984 the number of cases was 16 285, that is 913 (3.9%) more than in 1983. The incidence per 100 000 was 44.1 (in 1983 it was 42.0). The incidence in males and females was similar (44.0 and 44.2). The incidence in rural areas was 36.9 and it was lower than in urban areas (49.0).

## **Tetanus**

### **Z. Anusz**

In 1984 the number of tetanus cases was 22 less than in 1983 and 16 less than the median value for the years 1978-1982. The general incidence was 0.2 per 100 thousand, the incidence in males and females was identical (0.2). In 73% of cases the patients were living in villages, only 27% were living in towns. The incidence was much higher in rural areas (0.3) than in towns (0.1). The highest incidence was in the age group over 60 years (0.9, 36.9%). In the age group 0-24 years no cases were notified. The number of death in 1984 was 37 (mortality 43.5%), the death rate was 0.1 per 100 thousand.

## **Rabies**

### **D. Seroka, E. Labunska**

In 1984 one patient died of rabies. The patient had not been vaccinated. The epidemiological situation was evaluated on the basis of 3675 vaccinated patients out of whom 1868 were exposed to contact with animals with confirmed rabies, and 1764 had contact with animals with suspected rabies, while 61 patients were vaccinated because of contact with the patient with rabies. The degree of exposure to contact with rabid animals was small - 183 patients were bitten or scratched by rabid animals, 44 patients were bitten or scratched by wild animals. The remaining patients had no damage to the coverings and 869 had no indications to vaccination. In the group of patients with contact with the animals with suspected rabies 1381 had damage to body, while 176 received unnecessary vaccinations (no indications). In 1984 22 cases of central nervous system complications occurred in connection with the use of the Polish lyophilized rabies vaccine. In 3 cases these complications were lethal. In 18 cases they might have been due to enterovirus infections. In 1984 we recorded 1355 cases of animal rabies. The source of infection has been as usually the fox.

## Trichinella Spiralis Infection

A. Adonajlo

The number of cases in Poland in 1984 was 270, the incidence was 1.8 per 100 thousand. Five patients died — the death rate was 0.01 per 100 thousand. In the total number of cases the amount of children aged up to 14 years was 14.3%. In all, the number of epidemiological foci was 21 in the whole country: one large focus in the Province of Kozalin (96 cases, incidence of 20.2 per 100 thousand), 10 medium foci (below 50 cases in one focus), and 10 small familial foci, with under 10 cases in each. The source of the infection was pork in 18 foci and wild pig meat in 3 foci. In all foci the meat was obtained from private uncontrolled slaughtering.

## Intestinal Parasites

M. Nasilowska

In 1984 the number of notified cases of taeniasis was 2928 (incidence 7.9 per 100 thousand). In comparison with 1983 a slight fall was observed in the number of cases. The highest incidence was in the Province of Łódź (36.8%), followed by the Provinces of Szczecin (23.7%), Śląsk (21.0), and Olsztyn (19.9). The lowest incidence was in the Provinces of Radom (0.1), Krosno (0.4), and Lublin (0.5). The most frequently observed species was *Taenia saginata* (91.09%), that is 6.8 per 100 thousand. Mass examinations were carried out in 38361 subjects. The detected invasions included: *Enterobius vermicularis* (13.1%), *Lamblija intestinalis* (4.0%), *Trichuris trichiura* (1.2%) and *Ascaris lumbricoides* (0.8%).

## Nosocomial Infections in Poland

I. Barcz

In 1984 the total number of notified nosocomial infections was 6134, with 83.0% in neonatal and paediatric hospital departments. In 3629 cases the aetiological agent was *Salmonella* (59.1%), 185 (7.9%) infections were regarded as a consequence of medical procedure, 10 foci of 4 or more cases, 2063 infections took place (33.3%), and 91.1% of these cases were newborns and children. In these foci 68.3% of infections were caused by *Salmonella*. The analysis of these data shows, however, that the notification of nosocomial infections is still inadequate and the reported figures should be regarded with reservation.

/8309

CSO: 2020/154

PORTUGAL

NEW AIDS CASES, 4 DEATHS REPORTED THIS YEAR

Lisbon DIARIO DE NOTICIAS in Portuguese 20 May 86 p 4

[Excerpt] Nine suspected new cases of AIDS were reported to the Center for the Epidemiological Surveillance of Contagious Diseases in the first 3 months of 1986, according to a document released yesterday. During this same period of time, there were four deaths, the report drafted by the AIDS Work Group said.

The nine cases of AIDS diagnosed this year represent half the total number of cases reported in Portugal up until 31 December 1985.

To date, from 1983 to the end of March 1986, 24 persons have contracted the disease in Portugal and 11 have died. The disease attacks and kills chiefly male homosexuals between 20 and 39 years of age. The document said that 46 percent of the patients were in this age group, and 96 patients were male.

Hemophiliacs make up the second risk group in which AIDS cases are seen. No patients in the risk group made up of drug addicts have been reported. Also mentioned were a case involving a boy in the 10-14 year age range, and one in an individual over 60.

The most frequent causes of death for victims of the acquired immune deficiency syndrome are "opportunistic infection" and "opportunistic infection associated with Kaposi's sarcoma."

Among the cases diagnosed in the first quarter of 1986, the document lists two homosexuals, one 27 and the other 36 years of age, both suffering from an opportunistic infection, Pneumocystis Carinii. The first of these individuals died at the Santa Maria Hospital, and the other is still being treated there.

A bisexual of 49 who died at the Joaquim Urbano Hospital and a Cape Verdian of unknown sexual habits who died at the Civilian Hospital in Lisbon are also included in the cases reported for the first 3 months of this year.

The document also reported the death of two hemophiliacs, one 23 and the other 25 years of age, at the Sao Joao Hospital in Oporto.

5157  
CSO:5400/2541

SAO TOME AND PRINCIPE

BRIEFS

MALARIA EPIDEMIC REPORTED--Health workers battling a malaria epidemic that has taken dozens of lives in Sao Tome and Principe since January will need at least six more months to control the further spread of the disease, a local UNICEF official said. Blanca Abarca, local head of the United Nations Children Fund (UNICEF) which is leading the anti-malaria campaign, said that fatality rates for the disease this year have been "more than alarming." She said that 903 people were admitted with malaria to the Areyes De Meneses Hospital here in the capital between January and March, and that 150 of the patients had died, including 98 children under four. She added that numerous other cases and deaths undoubtedly went unreported. Sao Tome officials estimate that 40 per cent of people living along the country's coastlines suffer from malaria. The total population is 105,000. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 30 May 86 p 8]/12828

CSO: 5400/145



25 July 1986

## SAUDI ARABIA

## EFFORTS TO FIGHT MALARIA, SUCCESSES DETAILED

Riyadh AL-RIYAD in Arabic 1 Feb 86 p 2

[Article: "The Campaign To Intensify Malaria Eradication"]

[Text] The anti-malaria administration, which is subordinate to the preventive medicine service agency of the Ministry of Health, has achieved significant success in eradicating malaria in various areas of the Kingdom. The report issued by the anti-malaria administration concerning its activities during the year 1404-5 A.H. [1984-5] announced it had managed to eradicate fully malaria in the eastern and northern regions of the Kingdom, and had also managed to contain the spread of the disease in the western region, particularly in the principal cities. There remain only small reservoirs in some of the valleys, the eradication of which will be completed by all measures and means possible to fight malaria.

The report describes the stages of the anti-malaria campaign in the Kingdom, which began in the year 1952 in cooperation with the World Health Organization. The basic goal of this program was to protect pilgrims to Mecca, but the scope of the campaign expanded in 1963 to cover all malaria infested areas of the Kingdom. By 1970 it had been possible to completely contain the spread of malaria infection throughout the eastern and northern regions, and effective measures had been taken to prevent the secondary transmission of malaria cases which resulted from the continuous influx of malaria carriers from countries where the disease is endemic, particularly Southeast Asia and East Africa.

With regard to the measures taken by the anti-malaria administration of the Ministry of Health to eradicate malaria in various areas of the Kingdom, the report announced that the Eastern Province, which in the past had been among the most highly infected regions, had not been rendered totally free of malaria despite the continuous influx of carriers of the parasite arriving from areas highly infested with malaria, whether from within or from outside the Kingdom. In 1984, 503 cases of malaria were recorded in the Qutayf area, and 119 in al-Ahsa'. After each of these cases was investigated, it was found that all of those infected had just arrived.

The report announced that in the Eastern Province, three types of Anopheles mosquitoes are present in significant densities: the Sinfinsay, the Aflufia Tils, and Anufiks Sarjanti (phonetic).

The report indicated that these cases are not dangerous. A government agency conducts investigations in the province, and individual treatment continues to be provided to all the individuals arriving from infected areas.

In the Northern Province, the eradication of malaria was accomplished a number of years ago, after the extermination of the Anopheles Superbaktus (phonetic) mosquito, but the return of this mosquito to the area has been observed, which prompted an intensification of efforts to eradicate this mosquito. In 1982 a program was implemented to clear their breeding areas by means of a project to drain waters from marshy areas. The total number of cases discovered there in 1984 numbered 40, and these were newly arrived.

The report announced that the anti-malaria administration was able to halt the spread of malaria in the western coastal region of the Kingdom and the holy places, and only residual reservoirs of malaria remain in some of the valleys of the Hejaz mountain range, where the Anopheles Sarjanti mosquito is still present. Likewise, in 1984, eradication of the Anopheles Jambiya (phonetic) was finally completed in the Western Province and a large number of malaria stations are now in operation there.

Some 930 cases of malaria infection were discovered in Medina in 1984, and most of them were recently arrived. Also, 458 cases of malaria were discovered in the area of Mecca during the year 1984.

However, in the Southern Province, which is divided into the Asir highlands and the Tihamah Plain, the anti-malaria administration still worked to eradicate the presence and proliferation of mosquitoes in this area, particularly in the region of Tihamah Plain, where the Anopheles Sarjanti mosquito continues to proliferate, primarily in areas adjacent to water on mountain foothills and valleys. During the past year, effective measures have been taken to eradicate this type of mosquito.

Five malaria stations have been established in northern Tihamah; these are al-Layth station, al-Qanfadhah station, Qalwah station, Thurayban station, and al-Qawz station. The Muhayil malaria station serves Tihamah-Asir and Tihamah al-Qahtan is served by al-Farsah malaria station.

The Jizan region is served by eight anti-malaria stations. These are: al-Darab, Bish, Hurub, Wasabiya, al-'Aridah, Abu-'Arish, al-Khawiyah, and Samitah.

The report indicated that the anti-malaria administration undertook the eradication in 1984 of malaria transmitting mosquitos by spraying their breeding grounds on a weekly schedule, as well as by occasionally spraying a fine mist of the synthetic chemical (Pyrethruwaydat) inside and outside the areas of villages where mosquitos congregate and cases of malaria appear. The administration also provides complete treatment.

12815/12899  
CSO: 5400/4511

SINGAPORE

BRIEFS

DENGUE FEVER DETECTED—Singapore, 3 Jul (AFP)—A further eleven cases of dengue fever have been detected in Singapore since Tuesday, an Environment Ministry spokesman said Thursday. The new cases bring the total number of dengue fever victims detected since the beginning of the year to 109. One man died of the fever in May. A total of 126 cases were recorded last year and two people died of the fever. [Text] [Hong Kong AFP in English 1315 GMT 3 Jul 86 BK] /9738

CSO: 5400/4288

SOUTH AFRICA

MEASLES OUTBREAKS IN NATAL, KWAZULU, ZULULAND

23 Children Die

Johannesburg THE CITIZEN in English 27 Jun 86 p 18

[Text]

DURBAN. — A measles epidemic in Natal and KwaZulu has left at least 23 children dead and has put hundreds in hospital.

Hospitals reported seeing an increase in measles cases about two months ago and the disease reached epidemic proportions this month.

Health officials emphasise that the casualty figures available underplay the severity of the situation because not all deaths are centrally reported.

At Ngwelezane Hospital, Empangeni, 14 children have died as a result of complications following the disease. Most of them were under the age of three.

Dr Peter Haselau, acting medical superintendent, said so far this month 84 children had been admitted for treatment.

At St Mary's, Melmoth, nine children have died.

At Clairwood Hospital Durban, the 80 to 100 beds in the special fever ward have been constantly occupied by

measles patients.

A spokesman there declined to give admittance figures, saying they were not an accurate reflection of the extent of the outbreak.

"We can only admit the more serious cases which are less than a third of the cases presenting themselves here," he said.

The outbreak seems to have occurred only in Black areas, both rural and urban.

Dr Murray Short, senior medical officer in charge of communicable diseases in KwaZulu, said this was because babies were not being immunised against the disease at the right time.

"In 1984 we adopted the World Health Organisation recommendation that babies should be immunised at nine months.

"This often means the parents will have to travel some 10 km to the nearest clinic, at considerable cost, when the child is not actually sick. That takes some motivation," he explained.

Earlier this year KwaZulu took part in a State study on the level of measles immunity in the Black population

throughout South Africa. It was found that 70 per cent had been immunised.

"It is the 30 percent we have to worry about and we don't really know why these epidemics occur," said Dr Short.

"We could hold immunisation campaigns which would address the immediate problem. But they won't solve the basic problem of how to ensure that parents will come back with other children at the right time.

"We are investigating providing a better service in the townships and in the rural areas. We have plenty of vaccine which the immunisation points are administering but we are just not reaching enough vulnerable children."

Dr Short explained that the measles virus damaged the body's defence mechanism and immune system.

"This makes the person more vulnerable to other infections such as gastroenteritis, pneumonia and encephalitis.

"These are more difficult to treat and can lead to death because the body is so weak." — Sapa.

# Nine More Deaths

Johannesburg THE CITIZEN in English 24 Jun 86 p 11

[Text]

ULUNDI. — An intensive inoculation campaign against measles started at St Mary's Hospital, Kwamagwaza, in Melmoth yesterday following an outbreak of the disease.

Nine children, all less than two years old, have died of the disease during the past two weeks. Thirteen children are still being treated in hospital, and two of them are reported to be in a critical condition.

A hospital spokesman said this was the worst outbreak of measles in the area in years.

He attributed this to lack of nutrition, extreme cold and the fact that people delayed in bringing their children for inoculation. — Sapa.

/9317

CSO: 5400/150

SWAZILAND

BRIEFS

**MALARIA EPIDEMIC FEAR—Mbabane--**Malaria in Swaziland is reaching epidemic proportions according to a spokesman for the country's malaria control unit. Mr Clifford Mamba said that the authorities were seriously alarmed at the fast spread of the disease this year which had now even reached the middleveld in the Manzini area. Two thousand cases have been reported so far this year and eighteen people have died from the disease. Mr Mamba said the authorities were faced with the additional problem that the unit had almost exhausted all its drugs and now had no more funds to purchase drugs or insecticides to combat the spread of malaria. He said that money, drugs and chemicals given by American donors and the World Health Organisation had run out and no more was forthcoming.--Sapa [Text] [Johannesburg THE CITIZEN in English 26 Jun 86 p 12] /9317

CSO: 5400/150

TANZANIA

DAR ES SALAAM REPORTS INCREASING CHOLERA CASES

Ban on Street Food Sales

Dar es Salaam DAILY NEWS in English 17 Jun 86 p 3

[Text]

A TOTAL of 43 people are in several hospitals in Dar es Salaam after contracting cholera, the City Medical Officer, Dr. E.E. Moshi has said.

Dr. Moshi told the *Daily News* in Dar es Salaam yesterday that 17 cholera victims were admitted at the Muhimbili Medical Centre, 11 at Mwananyamala Dispensary, eight at Ilala Dispensary and seven patients are admitted at Temeke Dispensary.

He said the situation was not good. He appealed to city residents to observe hygiene so as to curb the spread of the disease.

"Everyone should care for his health", Dr. Moshi said, adding that the health situation in the city was deplorable.

Dr. Moshi stressed that ward development committees in collaboration with the Party and Government ensure that their areas were kept clean by residents.

He noted that the recent directive by the Dar es Salaam City Council (DCC) to ban sales of foodstuffs in the streets was aimed at curbing the spread of diseases such as cholera.

Foodstuffs banned include

vegetables, cassava, potatoes, coconuts, roast meat and green maize. Others are dried and fried fish, juice, bread, buns and ripe bananas.

Dr. Moshi said when announcing the ban last week that the measures were necessary because many people were illegally selling their foods on dirty pavements.

A survey conducted by the *Daily News* in the past two days has however shown that hawkers and vendors in the city were still continuing to sell their foods in the streets.

A few hawkers interviewed yesterday arrested that they earn their living through hawking and that they would always find their way to the streets even if they are thrown out.

The ban which falls under a Disease Prevention Act warns licenced proprietors to observe health regulations or else their trading licences would be revoked.

Main selling points of foodstuffs in the city include Zanaki, Congo, Msimbazi, Sikukuu, Nyamwezi, Tandamti, and Mkunguni streets. Others are Manzese, Magomeni and Magomeni ferry.

Ban Violators Threatened

Dar es Salaam DAILY NEWS in English 19 Jun 86 p 3

[Text]

The Dar es Salaam City Council (DCC) today starts arresting those who contravene the ban to sell foodstuffs in the streets



amid reports that the number of cholera victims in the city has risen to 54.

The City Director, Ndugu Abbas Farahani, warned yesterday those caught contravening the ban would be prosecuted.

He said all hawkers should keep off the streets. The sale of foodstuffs, in dirty streets and alleys was spreading diseases such as cholera.

Last week the City Council banned street selling of vegetables, cassava, potatoes, coconuts, roast meat, and green maize. Other foodstuffs banned include dried and fried fish, juice, bread, banana and ripe bananas.

The ban falls under the Disease Prevention Act and is mostly being broken by food hawkers especially on Zanzaki, Congo, Msimbazi, Sikukuu, Nyamwezi, Tandamti, Mkunguni, Maktaba and Jamhuri streets.

Other infamous areas are Magomeni, Manzese and Tandika.

The City Medical Officer, Dr. E.E. Moshi, who announced the ban, said that the measure was necessary to curb the spread of diseases such as cholera and dysentery.

Dr. Moshi said yesterday that the number of cholera victims had risen from 43 last Monday to 54 yesterday.

The victims are admitted at Muhimbili Medical Centre (MMC) and at Temeke, Ilala and Mwananyamala district hospitals.

/9274

CSO: 5400/148

TANZANIA

BRIEFS

**CHOLERA DEATHS IN IRINGA**—Two people have died in Iringa Rural District following an outbreak of cholera and four others admitted at the Iringa Regional Hospital. The Regional Medical Officer, Dr Omar Lushino, identified the dead as Enilius Mudemu (1-1/2 years old) and Jerida Kutika (4 months). The decrease and those admitted came from Igwachanga and Kinyangwanga villages. A team of nurses is now in the villages checking the epidemic. Iringa residents have been urged to maintain cleanliness to contain the disease. [Text] [Dar es Salaam SUNDAY NEWS in English 25 May 86 p 1] /9274

**AIDS IN MBEYA**—The Mbeya consultant hospital superintendent, Dr Kivurunya Mtera, has countered rumours spreading in Mbeya that a number of patients suffering from the Acquired Immune Deficiency Syndrome (AIDS) disease were admitted at the hospital. Dr Mtera told Shihata yesterday it was not true that between ten and 35 AIDS patients were admitted at the hospital as it was being rumoured. He said, however, only one AIDS case was referred to the Muhimbili Medical Centre. [Text] [Dar es Salaam DAILY NEWS in English 22 May 86 p 3] /9274

**AIDS DEATH ON MOROGORO**—Morogoro—One person, suspected to have been suffering from the Acquired Immune Deficiency Syndrome (AIDS) died at the Morogoro hospital last week. The victim, believed to be the first in the region, died a day after being admitted. The Regional Medical Officer, Ndugu Henry Maimbe, however dismissed rumours that the disease had already spread in the region. This was the first case to be reported at the hospital, he said. [Text] [Dar es Salaam DAILY NEWS in English 21 May 86 p 3] /9274

CSO: 5400/142

TRINIDAD AND TOBAGO

UNDER-REPORTING OF COMMUNICABLE DISEASES CHARGED

Port-of-Spain TRINIDAD GUARDIAN in English 13 Jun 86 p 3

[Article by Judy Diptee]

[Text]

THERE has been, to date, a 700 per cent increase in reported cases of scabies compared to the same period in 1985.

This was highlighted in a weekly report of the National Surveillance Unit of the Trinidad Public Health Laboratory. The report, which was based on the incidences of communicable diseases throughout the various counties, stated that County Victoria was a major contributor to the recent outbreak with 540 reported cases.

County Caroni reported 274 cases while St. Patrick accounted for 19.3 per cent or 273 cases.

The report, however, pointed out that the true incidence was much higher due to under-reporting within the Surveillance Unit.

Statistical Surveillance Officer attached to the Trinidad Public Health Laboratory, Bissoondath Birju, said that the cases were mainly school children. He emphasised that there was "gross under-reporting" of communicable diseases.

### The Last Outbreak

As an example, he cited the last outbreak of "red eye." "There were about 70,000 to 80,000 cases of "red eye" but the Public Health Laboratory's report only recorded 9,000 to 10,000. Normally the incidence of this disease was five to six times higher, he added.

In a February report, the Unit noted the increase in cases of imported malaria infections which amounted to 17 in 1985 compared to an annual average of 3.4 cases from the years 1980 to 1984.

"This is cause for serious concern as such a situation amplifies the potential for transmission of this disease" the report stated.

It added that although malaria was not endemic in Trinidad and Tobago, Anopheline vectors existed, hence the possibility of infected mosquitoes.

Most of the imported cases, according to the Unit, occurred among non-nationals with Nigeria and India being the major contributory sources.

"The importance of obtaining a travel history from a patient has been repeatedly emphasised by this Unit and cannot be overstated. The physician should specifically enquire of recent travel as most people often regard their travel as irrelevant to their illnesses and will not mention it," the report pointed out.

Early treatment, the Unit emphasised, was extremely crucial not only for the patient's survival but in reducing the opportunity for vector transmission.

/9274  
CS01 5440/090

TRINIDAD AND TOBAGO

BRIEFS

TOBAGO PUBLIC HEALTH—The lack of effective monitoring in some districts in Tobago due to a shortage of staff and Public Health Inspectors was just one of the complaints made to Minister in the Ministry of Health and Environment, Norma Lewis-Phillip, when she visited Tobago late last month. Mrs Lewis-Phillip, who was accompanied by officials of the Ministry, met with members of the Tobago House of Assembly and Public Health Inspector Ashton Phillips. Some of the problems which were brought to the attention of the Minister were: \*The very slow process of appointments for Public Health Inspectors. \*Increase in aedes egypti mosquito breeding in Tobago. \*Shortage of insecticide for spraying mosquito breeding grounds. \*Lack of adequate scavenging in some areas due to the terrain. \*Sea-heads and sluice gates used in the prevention of the spread of the malaria mosquito were not working. According to a release from the Ministry of Health and Environment, in response to some of the problems, Principal Medical Officer (Environmental Health) Dr Eugene Laurent noted that vacancies existed, not only in Tobago, but also in Trinidad. He pointed out that more than 25 Public Health officials would retire within the next two years. Dr Laurent said the Ministry intended to make recommendations to cabinet for scholarships for persons wishing to become Public Health Inspectors. The recommendations would be sponsored by the Ministry of Finance and Planning. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 5 Jun 86 p 14] /9274

CSO: 5440/090

UGANDA

# WRITER SUGGESTS 'SLIM' MAY BE TUBERCULOSIS, NOT AIDS

Kampala WEEKEND DIGEST in English 28 May 86 p 2

[Letter to editor by Dr S. K. Aruo (a well-known author who has long written scientific articles and columns): "Special Letter: Some Horrible Exposures"]

[Excerpt]

Dear Sir,

Recently the two important English weekly newspapers, namely, the "Weekly Topic" of the week ending May 18 and the "New Vision" of May 21 published pictures which were not only horrifying and frightening, but also raised doubts and questions about our sanity, and moral behaviour.

The "Weekly Topic" published pictures of young men and women suffering from or who have died of a disease called AIDS or "SLIM". These pictures and the story about them raise some questions.

First of all, the editor tried to hide the identity of the patients by placing a tape across their eyes. But the captions gave the true description of each patient i.e. name, age, duration of illness and location. What was the logic of disguising the picture of a person

whose description is so clear? Did the editor think he was dealing with an illiterate society?

Secondly, the clinical picture given in the paper is not convincing even to the layman that the malady is AIDS. Generally, these patients suffer from diarrhoea, vomiting, loss of appetite, emaciation, and respiratory complications. All the patients suffer from acute chest pain and coughing. One patient who allegedly died on May 5 was "vomiting terribly and was spitting blood and pus". Another patient suffered from "flu chest pain and a swollen stomach". The picture of one patient showed swollen legs. All without exception have been sick for periods ranging from 6 to 24 months, indicating that the disease is a chronic type affecting young people from 18 to 35 years, although older people are also reported

to have died. Thirdly, all the patients come from the same locality and in all probability they come from the same ethnic group.

In the absence of postmortem reports and laboratory tests to exclude all other possible diseases, no one can be convinced that the disease in question is AIDS, although all the patients are emaciated (SLIM).

There is just one disease which smartly fits into this clinical picture, and that is tuberculosis, sometimes called scrofula. The patient with a swollen abdomen and the other with swollen legs must be anaemic (lacking blood).

The standard of living in this locality which is situated near the Uganda-Tanzania border, must be extremely low, and their living conditions must be appalling.

We tend to agree with

Mr. Kagoro, the SDA Rakai that the Rakai problem should be treated as a national disaster. The situation calls for emergency attention. First of all the whole sub-county of Kasasa should be immediately placed under quarantine. An emergency clinic should be set up in the area. All the clinically affected persons must be isolated and given special attention. All the available experts from Mulago Hospital, Makerere Medical School and in private practice should be sent there, if it becomes necessary, experts should be flown in from other countries such as Kenya, Tanzania, Zambia, Nigeria, Britain, USSR and the USA.

In fact, some of the resources which are now being directed for the rehabilitation of Luwero Triangle should be diverted to Rakai.

/9274

CSO: 5400/147

UGANDA

## COUNTRY PUT ON FULL AIDS ALERT AS OUTBREAK INTENSIFIES

Nairobi DAILY NATION in English 14 May 86 p 2

[Text]

**KAMPALA, Tuesday**

Thousands of posters plastered throughout Uganda warn people to "beware of slim disease".

What the poster refers to is the killer known elsewhere as Acquired Immune Deficiency Syndrome (AIDS). It is called "slim" in Uganda for its side-effect of making the victim emaciated.

Uganda's Health Ministry, facing an AIDS outbreak claiming as many as 30 lives a month is urging Ugandans to be more cautious about sex.

AIDS deaths in Uganda have increased a hundredfold since last December, when the Ministry reported 34 cases and 11 deaths from the incurable disease between 1982 and 1985.

Like most African countries, Uganda initially was secretive about AIDS, which usually is spread by sexual contact and attacks the body's immune system.

Governments nurturing tourist trades were sometimes less than forthcoming on the disease, which Western news reports suggested was rampant in some African countries.

Africans were angered by Western scientists' identification of their continent as the possible birthplace of the disease.

The scientists speculated that the AIDS virus originated in Africa in a species of tropical monkeys and humans contracted it through bites or by eating monkey meat.

Under pressure from doctors researching AIDS, and to combat what they say are grossly exaggerated reports, African governments have been going public on the subject during the

past year. Hence, the Health Ministry's warning posters against the disease.

Health Minister Ruhakana Rugunda says 20 to 30 Ugandans are dying of AIDS every month. The government says it is impossible to keep count of cases because some people do not seek treatment at hospitals.

In Europe and North America, AIDS most often attacks homosexuals and intravenous drug-users. There is, however, rising incidence among women and children. People who need blood transfusions, like hemophiliacs, are susceptible.

But in Africa, AIDS is a heterosexual disease. It attacks men, women and children alike.

In a country where polygamy is commonplace, the government is urging people to limit the number of sex partners and avoid sexual intercourse "with persons of high risk who have many sexual partners".

The posters warn that AIDS could be transmitted through infected blood in transfusions and contaminated needles and sharp instruments used to circumcise and tattoo.

Sensational reports in Uganda's Press are making the job more difficult for officials juggling between alerting people to the disease's dangers and criticising reporters for creating unnecessary panic.

"The disease is spreading like bushfire and has forced many young men to take precautionary measures, such as putting on condoms, or avoiding the habit of kissing," *Focus*, an independent Kampala newspaper, reported in April.

*Weekly Topic*, another independent paper, claimed that as many as 100 Ugandans are dying of AIDS monthly. (AP)



UGANDA

DETECTING MACHINES TO ARRIVE; BLOOD DONORS FEWER

Kampala FOCUS in English 6 May 86 pp 1, 6

[Text]

As the Red Cross prepare to celebrate their day on May 8, plans are already underway to import machines that test human blood for AIDS in order to revive the blood collection exercise. The machines which will be available at every donor station are meant to identify the contaminated blood from the pure ones so as to eliminate the danger of storing AIDS-infected blood.

Talking to a Focus staffman the Acting Director of the Uganda Red Cross Society Mr. Onyema said the league of Red Cross and Red Crescent Societies had already launched a 5,000 Swiss Franc Programme for producing materials on AIDS so as to make the devices more cheaply available to the public. At the moment one has to pay 5 U S dollars only to test whether his blood contains the AIDS virus. He said this is why the league set up a standing committee to work on the issue. He however expressed

the fear that once the equipment arrives people are likely to flock the collecting centres not so much to donate blood as to get their blood tested for AIDS.

Asked on the public response to blood donation campaigns mounted occasionally by the Red Cross the Director said blood donation has dwindled significantly over the years.

He said AIDS is not the cause of this drop but that the downward trend has been recorded since the early 70's. Giving his elaboration in figures Mr. Onyema pointed out that whereas blood collections totalled to over 25,000 units per annum in the 60's this figure had fallen to about 6,000 units in the mid 70's. At present the annual collections don't even add up to 3,000 units.

The Director blamed this on the indifferent attitude adopted by society in the recent years which he said is proof of lack

of morals in the community. He however, promised that the Red Cross Society intends to approach the government so that they may jointly evolve a new chapter in blood transfusion services especially considering the importance of blood banks in the medical strategy of a developing nation like Uganda.

The Director regretted that the Blood Transfusion Centre at Nakaseero has been rendered non operational over the years because of neglect. The centre currently does not have even the simple chemicals to help in the classification of the blood they may receive.

Among the activities performed by the Uganda Red Cross is the blood transfusion services especially to victims or survivors of wars, Primary Health Care Youth programmes, Relief and Disaster preparedness, etc.

The Director said this year they decided to celebrate their day at Luwero because of what he called the history of Relief Assistance in the area. It is also meant to educate the people of Luwero more about the functions and importance of the Red Cross in their daily life.

The guest of honour at the function is expected to be President Yoweri Museveni.

UGANDA

BRIEFS

MEASLES TESTING ANGERS PARENTS--Sir, Allow me space to express my views on the "Pilot study on treatment of severe measles with cramma globulin" currently going on in Naabya hospital. [as published] The new drug, which apparently is on test, is simply referred to as "Measles drug." On admission with measles in the hospital, the child is injected with this measles drug upon which a 6 page questionnaire is filled and [Letter to editor] [Text of partial article--no continuation on page 5] [Kampala FOCUS in English 8 Apr 86 pp 4,5] /9274

SLEEPING SICKNESS IN KAMULI--As Kampala, Masaka and Rakai residents worry themselves thin over the dreadful "Slim" disease, people in Iganga and Kamuli districts at Busoga are suffering massive deaths due to sleeping sickness. This was revealed by Kamuli county chief, Mr Dithan Mateege, when addressing a public rally at Nawango Primary School, Kamuli district at the weekend. Mateege told Kamuli District Special Administrator that the sleeping sickness had become a real threat to people in his county. He lamented that many people have died due to the disease, while others were being hospitalised, "A lot more face the danger of catching the disease. There is worry and panic over the safety of people's lives," he added. The county chief appealed to the SDA to inform the relevant authorities about the plight of the people of Kamuli. He said there was urgent need for drugs against the disease, "if people have to survive the now rampant epidemic." In his address, the SDA of Kamuli, Mr Kvarze Seguya, asked the people of Kamuli in particular and Busoga, not to lose heart. [Text] [Kampala THE STAR in English 14 Apr 86 p 7] /9274

CSO: 5400/139

VENEZUELA

BRIEFS

CHAGAS' DISEASE EPIDEMIC IN GUARICO--Calabozo, May 5 (Special, Jose O. Prieto)--A serious epidemic of Chagas' disease has broken out in the state of Guarico, according to unofficial reports obtained from hospital sources in this city. There have been 15 cases of acute Chagasic myocardiopathy, which caused the death of a 9-year-old boy a few days ago because it was not diagnosed in time. The sources revealed that the diagnostic for this disease is a procedure called the "Machado Guerreiro" and is performed only at the Jose Francisco Torrealba Center in San Juan de Los Morros, which has a large budget for Chagas' disease research but which is not fulfilling the purposes for which it was created. The Government has taken cognizance of this situation, which, according to cardiologists, afflicts a large number of the inhabitants of the llanos. The District of Miranda, according to reports, is receiving many persons with Chagas' disease from the state of Apure, which borders on Colombia, from where the endemic disease is being spread through Puerto Paez and other border areas. The most serious problem is that the great majority of doctors do not recognize in concrete form the symptoms of acute Chagas' disease, which is detected only by cardiologists. The cardiologists, however, do not have the equipment needed to perform a reliable diagnostic on this illness, and the patient dies on the way to Caracas or Maracay because the Jose Francisco Torrealba Center in San Jose de Los Morros only does tests of this type during office hours. The boy who died in Calabozo came from Prio, municipality of Calabozo. He died while he was being transported to Caracas for the "Machado Guerreiro" test. This clearly demonstrates the urgency of the situation. The Francisco Urdaneta Delgado Hospital of Calabozo is capable of providing all the services needed for any endemic rural epidemic such as Chagas', but the SAS must provide it with the necessary equipment. [Text] [Caracas EL UNIVERSAL in Spanish 6 May 86 p 2-20] 9238

2,296 CASES OF HEPATITIS REPORTED--As of April, 2,296 cases of hepatitis and 11 related deaths have been reported throughout the country. This information was obtained from the Contagious Diseases Section of the Ministry of Health and Social Welfare, where Dr Rafael Travieso, head of this section, said that 2,466 cases with 8 related deaths had been reported as of the same date in 1985, the total for that year having been 9,246 cases and 38 deaths. To the question "What is the reason for the increase indicated by these figures?" Dr Travieso replied: "From the standpoint of morbidity it is a relative increase, in that there has been an increase in the reporting of the disease for the record, there is more widespread knowledge of the problem, and the doctors, both in private practice and in the public health hospitals, are on the alert for this disease." Although the number of cases by type of hepatitis--i.e., Type A, or B, or non-A and non-B--are not known, Dr Travieso says that the largest number of cases being reported is among schoolchildren and adolescents, and that this is Type A. It is the most benign type and often goes unnoticed without causing severe damage, unlike Type B, which, if not properly treated medically, can cause cirrhosis or even cancer of the liver in the long run. "One must bear in mind," he added, "that in all viral hepatitis, two well-defined disorders come together, which are similar in many ways but different as to etiologic, immunologic, clinical and pathological characteristics. Hence, their prevention and control vary considerably, and each will therefore show up separately." [Text] [Caracas EL UNIVERSAL in Spanish 6 May 86 p 2-22] 9238

CSO: 5400/2065

HONG KONG

BRIEFS

**ANTIRABIES DRIVE**--The Agriculture and Fisheries Department is planning anti-rabies drives in Taipo and Sai Kung next month. The department's mobile inoculation teams will visit Taipo villages from June 2 to 30 and Sai Kung villages from June 3 to 10. More than 258,000 dogs have been inoculated since the Government's anti-rabies drive began in October 1980. Although there has been no rabies outbreak since August 1984, the department is enforcing strict measures to prevent any resurgence of the disease. These include the quarantine of imported dogs and cats, control of stray dogs and compulsory detention and observation of animals which have bitten people. [Excerpt] [Hong Kong SOUTH CHINA MORNING POST in English 30 May 86 p 18] /9317

CSO: 5450/0149

MEXICO

VARIOUS DATES GIVEN FOR EXPECTED ARRIVAL OF AFRICAN BEE

End of July

Mexico City EXCELSIOR (STATES section) in Spanish 23 May p 3

[Text] Tuxtla Gutierrez, Chiapas, 22 May--The African bee has invaded Guatemala, and will reach the Mexican border by the end of July; the precautionary measures must begin to be implemented so that this insect will affect honey production to a minimal extent, according to the chief of SARH's [Secretariat of Agriculture and Water Resources] Livestock Program in the state, Victor Hugo Arroyo Santander.

Arroyo said that the swarms of that harmful species could expand in the country for 3 years, especially in this state and Yucatan; and the necessary information for countering the problem will be provided.

He claimed that, in the Central American countries where neither preventive nor control measures have been adopted, the insect propagated and there was a decline of up to 80 percent in honey production; whereas, in other countries, such as Brazil, timely action was taken and no serious circumstances occurred.

He said that 1,500 traps were installed on the Soconusco border strip, while an additional 4,000 were given to Guatemalan authorities to halt the devastation by the pest.

Discovery in Mexico Denied

The livestock director of Jalapa, Veracruz, Pedro Rivera Pavon, denied that the African bee has already been found in the country; according to official reports, the insect is in Guatemala and will reach this state by the year's end.

He explained that the laboratories which were set up strategically will record its presence; which will enable beekeepers to enact pertinent measures to prevent that species of bumblebee from spreading.

It is estimated that the damage to the beekeeping industry will range from 20 to 30 percent, when the African bee penetrates the country, despite the preventive measures to be put into effect.



End of November

Mexico City EXCELSIOR in Spanish 4 Jun 86 Part II of section A p 11

[Excerpts] Villahermosa, Tabasco, 3 June--The head of the National Board of Trustees on African Bee Control, Oscar Barraza Hernandez, claimed that the African bee will invade Mexico at the end of next November, and will economically damage over 40,000 Mexican beekeepers, by destabilizing the production from 2.4 million hives.

Coordinated Program

With regard to the African bee problem, Barraza Hernandez added that, based on samplings and laboratory studies carried out by Mexican and U.S. animal health authorities, it was discovered that the African bee is currently in the Peten region of the Republic of Guatemala; hence, it is expected that the insects will invade the country at the end of November.

He noted that the U.S. Federation of Beekeepers has offered to cooperate with Mexican honey producers to establish a coordinated common front for controlling the African bee; "however, SARH deemed it necessary to formalize a tripartite agreement with the authorities from the U.S. and Canadian Departments of Agriculture."

Finally, the head of the Board of Trustees remarked that Mexico is the leading exporter and fourth-ranking producer of honey in the world; "hence, the importance of this branch of industry to the country becomes plainly obvious."

2909

CSO: 5400/2071

SOUTH AFRICA

BRIEFS

TRANSKEI RABIES CAMPAIGN--Nearly 10000 dogs and cats along Transkei's borders have been vaccinated for rabies but the disease is still causing concern to veterinary authorities in the country. This was confirmed by the head of the veterinary section of the Transkei Department of Agriculture and Forestry, Dr Carlos Santos. Dr Santos said his section was concentrating on the area along the border because no rabies had been reported within the country and it was suspected that the disease had come from across the border. [Text][East London DAILY DISPATCH in English 30 May 86 p 3]/12828

CSO: 5400/143

TANZANIA

ZANZIBAR INVESTIGATES CHICKEN DISEASE

Dar es Salaam DAILY NEWS in English 21 May 86 p 3

[Article by Nassor Khamis]

[Text]

THE Zanzibar Veterinary Department has launched investigations on pollorium disease which hit the Zanzibar government hatchery at Kizimbani on the outskirts of the town.

Officials said here yesterday that since the disease broke out in March, over 20 per cent of the imported parent stock had died, forcing the farm to halt production until the disease was controlled.

A senior official at the Maruhubi Veterinary Centre in Zanzibar, Ndugu Ali Ahmed Rabia, said to control the disease from spreading further, over 2,000 chicken of the 8,000 imported from Holland had to be slaughtered. Similar fate befell small holders who had bought broiler and layer chicks

from the hatchery.

Ndugu Rabia said since then his centre has launched investigation on the disease which cause diarrhoea among the stock. He was optimistic that production at the farm might resume next month after control measures had been enforced.

He said pollorium was common among the local stock and suspected that it might have been introduced at the hatchery by small holders.

The hatchery project, inaugurated last July is a joint venture between the Zanzibar Government, the Netherlands and Belgium, was set up at a cost of 25.5m/-. Before it closed down in March, it was producing about 76,000 chicks a month.

Insufficient feeds, supplies from Belgium and erratic water supply to the farm are some of the problems at the hatchery.

/9274  
CSO: 5400/142

UNITED KINGDOM

SWINE FEVER OUTBREAK CALLED WORST IN 15 YEARS

Gloucester Source

London THE DAILY TELEGRAPH in English 27 May 86 p 5

[Article by Godfrey Brown]

[Text]

MINISTRY of Agriculture vets were yesterday trying to trace the source of Britain's worst outbreak for 15 years of the infectious viral disease, classical swine fever, which has resulted in the compulsory slaughter of more than 5,000 pigs.

The disease was confirmed early yesterday on a farm at Wakefield, Yorkshire, which has about 3,000 pigs. This brings to seven the number of cases in the latest outbreak which have all been traced to Gloucester market.

Four of the cases are in the Tewkesbury area of Gloucester, one is at Ford, Shrewsbury, and one at Haywood, Hereford.

Ministry vets have been tracing and testing for the disease all pigs that passed through Gloucester market on April 21. They do not think the outbreak is connected with another outbreak that affected pigs at Kinlet, near Bridgnorth, Shropshire, on April 10 — the first time the disease had appeared in Britain since 1971, a Ministry spokesman said yesterday.

**Meat is safe**

The Ministry has banned the

involvement of all pigs within a two-mile radius of the infected farms for 15 days. Outside that, and up to an eight-mile radius, an "infected area" has been declared, within which pigs may be moved only under licence.

Gloucester market was open yesterday, but there was no pig market, the Ministry spokesman said.

The disease presents no danger to humans. The meat is safe to eat and there was no restriction on the meat being sold for food, the spokesman added.

Classical swine fever is contagious, but not so virulent as African swine fever, which has never appeared in Britain, although there was an outbreak in Holland recently, the spokesman said.

It is similar to influenza, is accompanied by high temperatures, and in very acute form, can be fatal to pigs.

Fears in Ulster

Belfast NEWS LETTER in English 28 May 86 pp 1, 2

[Text]

THE GOVERNMENT was accused last night of leaving

the door open for deadly swine fever to sweep into Northern Ireland.

The charge was made by one of Ulster's top pig breeders, Robert Overend.

The Belfast farmer said the Government's ban—announced yesterday — on the importation of live pigs from Great Britain to Northern Ireland, because of the swine fever epidemic in England, was "only a cosmetic exercise".

He said: "The Government is only trying with what is a serious situation. The danger from live pigs is minimal compared with that from the imports of pig products."

"It is trying to give the impression it is doing something to protect Ulster's pig industry, which is worth £55 million a year, when in fact it would appear it is too scared to do anything which might bring the wrath of Europe on its head."

Mr. Overend backed the Pigs Marketing Board plea to the Government to ban the imports of all pig products from Great Britain and from Holland, where swine fever is endemic.

Vets in Great Britain believe imported sausages could have started the swine fever outbreak which has devastated pig

farms in the West Country, Midlands and North of England.

It has now been established that the plague began at Gloucester-Live-stock Market on April 21 when thousands of pigs were bought and sold.

Stock held by every farmer registered at the sale that day has been checked by Ministry of Agriculture vets, but the source is still a mystery.

With more than 4,500 pigs now slaughtered at seven farms, vets fear there could soon be further outbreaks before it is brought under control.

Four of the farms are in the Tewkesbury and Coombe Hill areas of Gloucestershire. The others are in Shropshire, Herefordshire and Wakefield, Yorks.

Ulster pig producers, anxious of their disease-free record, are being asked to put pressure on the Government to take decisive steps to prevent the plague sweeping into the Province.

Mr. Overend made a personal appeal to all pig farmers "to be ready at a moment's notice, to stage a demonstration to bring it home to the Government the seriousness of the situation".

/9274

CSO: 5440/091

MOZAMBIQUE

'AMERICAN CATERPILLAR' BLAMED FOR COTTON DISASTER

Maputo NOTICIAS in Portuguese 19 May 86 p 2

[Text] State-sector cotton production in the Montepuez district of the province of Cabo Delgado has been almost completely lost this year. By 26 April 1,360 hectares had been infested by a plague of "American caterpillars". State farms place the blame on the TTA, "which did not comply with an agreement made to provide an aerial spraying program." The provincial government met recently in Pemba and discussed the matter after being briefed by a provincial commission. It plans to open an official investigation to discover who is responsible for this loss.

According to facts made public at the provincial government meeting, the Cabo Delgado Cotton Company and the Chipembe Farm made an agreement with the TTA, stating that the TTA would provide a spraying program for the state and private sectors from 26 March to 12 April.

It was learned that the TTA delayed 10 days before providing the first scheduled spraying and never sprayed a second time. A provincial government task force, which went to Montepuez after visiting the state farms in Namarra, Mecufi, Impiri, Chipembe, N'Ropa, and some private farms, discovered that cotton planted in these areas is completely and totally infested by the "American caterpillar."

On the other hand, the provincial government reports that the Agricultural Projects management did not deal with this problem in a timely manner, since the first message from the Cotton Company requesting government intervention was sent only on 15 April, and the decision to use manual spraying could have been made within the schedule.

In spite of these considerations, the task force reveals that the damages resulting from this situation are attributable to the TTA, and it emphasizes that it is only fair to open an official inquiry, clear up the problems, and define responsibilities. Total damages are calculated at 48,000 contos. This situation will affect the internal market and have repercussions in the export program.

## Recurring Problems

The provincial government considers the situation to be extremely serious, given that problems have arisen in the last three agricultural campaigns which have compromised cotton output, in spite of efforts made by the province to guarantee production.

In 1983-84, 163.8 tons of cotton were burned in the warehouses at the seed cleaning factories in Montepuez. This equates to 546 bales of 300 kilograms each. In 1984-85, spraying errors destroyed 420 hectares of cotton fields. "In relation to previous years, nothing has been done to define responsibilities, or, if something was done, we received no word of it," states the report.

## Family Sector Alternative

The family sector presents good prospects for cotton production this year. The provincial government must turn its attention to this area, for it can compensate for the crop failure in the state sector.

The family sector controls 10,000 hectares in contrast to the 1,084 planned for the past year. Cotton growing in this sector was galvanized this year following the visit of President Samora to Mocuba, where he spoke to the local population on the importance of the country's cotton production.

Because of this, provincial and district structures in Cabo Delgado have begun mobilization campaigns in villages, encouraging the populace to increase the size of its fields, and cotton has been introduced in the northern zone, where the region has been previously studied but where cotton had not been grown before.

However, the provincial government is concerned, since it is uncertain how incentive benefits in the marketing of cotton will be received. A trade breakdown in the marketing stage would not only place the province in a critical situation because of the failure in the state sector, but could also have extremely negative repercussions for the population.

12353/12951

CSO: 5400/136



TANZANIA

CAMARTEC TO BUILD PEST RESISTANT GRAIN STORAGE CONTAINERS

Dar es Salaam DAILY NEWS in English 7 Jun 86 p 1

[Text]

THE Arusha-based Centre for Agricultural Mechanisation and Rural Technology (CAMARTEC) here has started producing grain storage containers that are resistant to all types of pests including the widespread larger grain borer (LGB), locally known as *dumuzi*.

Five airtight storage containers of various sizes with storage capacity ranging from 450 to 900 kilogrammes have already been manufactured by the Centre.

The Centre's mechanical engineer, Ndugu Evarist Ng'wandu, said on Thursday the manufactured containers had been ordered by the pest control unit in Arusha for trial purposes.

The engineer was briefing the Deputy Minister for Trade and Industries, Ndugu Nicas Mahinda, who visited the centre located 15 kilometres east of Arusha town.

Ndugu Ng'wandu said work on the containers, designed at the Centre, started last November after concern had been expressed about the devastating pest.

He said the containers, made of metal sheets, has been tested at the Centre and proved that no grain borer can survive in the airtight container.

Maize grain infested by the LGB was stored in one of the spherical containers and within two weeks all the borers were suffocated.

"The containers also have other advantages because no pesticides are required for storage when using them", he said.

He said the Centre would only produce a few prototypes and subcontract other manufacturers to produce them in larger quantities.

The total cost of the five containers ordered by the Pest Control Unit is 83,000/-.

Briefing the Deputy Minister about the Centre, established in 1981, the Director General, Ndugu E.M. Ngaiza said CAMARTEC had so far constructed 52 biogas plants in various villages in Arusha Region.

Biogas is an inflammable gas produced when organic substances like animal or agricultural wastes are fermented. Villagers use the gas for cooking and lighting.

The Director said the Centre had already trained 23 technicians capable of building biogas plants.

He also said CAMARTEC earned 3.3 million/- in 1984/85 from sales of farm tools and other services to farmers compared to 400,000/- realised in 1982/83.

The Centre produces among other things animal drawn ploughs, harrows, ridges, planters and cultivators.

TANZANIA

LARGE GRAIN BORER THREATENS RUKWA MAIZE

Dar es Salaam DAILY NEWS in English 19 Jun 86 p 3

[Article by James Mwakisyala]

[Text]

THE National Milling Corporation (NMC) is taking 20 tonnes of pesticides against the Large Grain Borer — *dumuzi* — to Rukwa Region where the destructive beetle is reported to be threatening to destroy a large quantity of maize in villages.

An NMC official told the *Daily News* in Dar es Salaam yesterday that the pesticides were being taken from its Arusha depot and taken to Sumbawanga godowns where the farm produce will be stored.

He said the beetle, *prostephanus truncatus*, has infested some Rukwa Region villages.

However, he said the NMC was working to get more stock of the pesticides under an agreed World Bank programme.

Meanwhile, *Shihata* reported from Sumbawanga that Mfowisa Division in Sumbawanga Rural District had been infested with the beetle. Pest inspection points had been set up at Muze, Kipeta, Kalambazite and Mianalua.

An agricultural officer, Ndugu Lucian Damase said fumigation experts had arrived in the district from Tabora to start fumigating godowns.

On the haulage of the 16,713 tonnes of maize stranded in Sumbawanga, the NMC officer in the city said the transport situation was tight because most of its fleet was tied up in the city to haul 39,000 tonnes of food from the port where three ships are unloading maize (20,000 tonnes), rice (12,000) and sorghum (7,000 tonnes).

However, NMC was intended to use every possible means to haul the stranded maize to Mbozi rail-head for onward transportation to Dar es Salaam.

Commenting on NMC's preparedness for this year's purchasing season which began early this month, the official said the NMC had procured 3,547,400 jute bags and polysacks.

/9274

CSO: 5400/148

TANZANIA

GRAIN BORER IN IRINGA, SPREAD TO OTHER AREAS FEARED

Dar es Salaam DAILY NEWS in English 20 May 86 p 3

[Article by Lucas Liganga]

[Text] There are fears that the larger grain borer (Dumuzi) which has already infested some villages of Iringa Region could spread to other areas as efforts to control the pest are being frustrated by the administrative slackness, the DAILY NEWS has learnt.

A highly placed extension officer said last week that the major concern was the absence of militiamen guarding road blocks at night hours, apparently providing loopholes to middlemen to move the infested grains--chiefly maize--from one place to another.

The official, who chose to remain anonymous, has also expressed concern over the Iringa Regional larger grain borer control committee's laxity in responding to feedbacks on the beetle outbreaks.

The official said that last month, the beetle was detected at Wanging'ombe in Njombe District and a police message was sent from Ludewa District carrying the same news. But to date no convincing action had been taken by the relevant authorities.

According to two militiamen stationed at a barrier on Mawelewele Road near the Mkwawa Teachers College, they only guard during day time because they are understaffed and have never been provided with weapons for night guarding.

As a result, the militiamen Ndugu Lazaro Mdapo and Grace James, indicated that people--including businessmen--might have been transporting the infested grains at nights when the guard was loose.

They said on March 20, this year, a truck apparently loaded with maize bags from Pawaga (also infested area) was forcefully driven across a barrier at Kiwele Road at 10 pm. The militiamen stationed at the barrier failed to block the motor vehicle as they had no weapons.

They said the Mkwawa Teachers' College, premises and of late been highly interested. [as published]

Naming other barriers facing the same problem as those on Kalenga and Nduli roads, the militiamen said they impounded infested maize parcels from at least 10 people a day. The maize is sent to the town for either milling or selling.

They said those with the infested maize were given Luxan Permethrin 0.5 per cent dust to spread in their grains.

Meanwhile, the Regional Agricultural Development Officer (RADO), Ndugu Abel Nero, said the Regional Commissioner, Ndugu Athman Kabongo, who is the chairman of the Dumuzi Control Committee was the sole spokesman for such issues.

The Regional Commissioner however, referred Shihata to the Iringa District Officer Commanding District (OCD), Ndugu Mohamed Mbaji, saying that he was in-charge of security issues of the committee.

But the OCD said he had just learned of it from this reporter and had not been contacted by anyone inquiring weapons. [as published]

The ward secretaries at the same time were not immediately reached for comment.

The infested areas include Mgera, Kiwere, Mgongo, Mfyone, Kitapilimwa, and Itangutwa in Kalenga ward. Others were Itamba, Mawelewele in Mkwawa ward.

/9274

CSO: 5400/141

25 July 1986

## TANZANIA

## BRIEFS

QUELEA QUELEA IN MOROGORO--Morogoro--Colonies of grain eating birds, Quelea Quelea, have been spotted in three paddy growing areas in Morogoro Urban District. An official of the Regional Agriculture Development office has said the birds had been seen in Kidebwe, Chazi and Mgongola areas since the beginning of this month. He said a spraying helicopter had been ordered from Dodoma and that spraying was expected to begin this week. Mgongola alone has 4,572 hectares of paddy cultivated under the human resources deployment campaign. The official added that the spraying unit will be stationed at Wami, Dakawa area, to monitor the advent of the birds in other areas of the district. [Text] [Dar es Salaam DAILY NEWS in English 21 May 86 p 3] /9274

UK ASSISTS CLOVE DISEASE ERADICATION--Zanzibar and Britain have concluded an agreement under which they will implement the second phase of the five-year research programme on die-back and sudden death diseases which have devastated the clove plantations in Zanzibar. The agreement was signed in Zanzibar recently between the Isles Deputy Minister for Agriculture, Ndugu Seif Rashid, and the British High Commissioner to Tanzania, Mr Colin Imray. The second phase is to extend research on the diseases, train extension staff and develop an integrated disease control strategy for the crop. During the first phase, new laboratories were built at the Kizimbani Research Institute here. Under the second phase, the British Government is to extend 8.4m--while Zanzibar plans to spend, during the 1986-87 financial year, one million--wht 700,000--in foreign exchange. [Text] [Dar es Salaam DAILY NEWS in English 9 May 86 p 3] /9274

CSO: 5400/141

VIETNAM

VEGETATION PROTECTION DEPARTMENT REPORTS ON PESTS

OW031151 Hanoi Domestic Service in Vietnamese 1100 GMT 1 Jul 86

[Text] According to the vegetation protection department, stem borers, rice hispa, and rice skippers are currently ravaging 10th-month rice seedlings in the northern provinces. Around 30,000 hectares of early summer-fall rice and the main rice crop in the southern provinces are being damaged by stem borers. Nearly 10,000 hectares of summer-fall rice in the Mekong Delta provinces are being affected by leaf folders. Moreover, paddy thrips and rats are currently ravaging the summer-fall rice and 10th-month rice seedlings.

In the days ahead, butterflies originating from stem borers, rice hispa, rice skippers, rice gallmidge, and rice armyworms will continue to ravage 10th-month rice seedlings and the early 10th-month rice.

In the southern provinces, butterflies originating from stem borers will continue to appear uniformly in early July and will cause silver-leaf disease in the early summer-fall rice plants. Brown planthoppers and rice fulgorid will continue to develop. For this reason, the northern localities should continue to eradicate harmful insects with manual methods. They should use scoop-nets to trap butterflies and pluck mature borers, egg nests, and larvae from rice seedlings. In the ricefields highly infested with insects, insecticides must be sprayed, plowing must be done to uproot rice stalks, ricefields paths must be leveled, and sanitary work must be done to exterminate all sources of rice pests. Meanwhile, the southern provinces should use lanterns and scoop-nets to capture butterflies coming from stem borers, continue to prune withered leaves in summer-fall rice plantings, and eradicate by all means all pockets of rice fulgorid, brown planthoppers, leaf folders, rice armyworms, and paddy thrips.

/12913

CSO: 5400/4388

ZAMBIA

CECOSPARA FUNGI DAMAGES ORANGE GROVES

Lusaka TIMES OF ZAMBIA in English 4 Jun 86 p 1

[Excerpt] **THE** Government must form a commission to control crop diseases otherwise high losses can be incurred by the spread of the diseases and cripple the agricultural drive.

The Commercial Farmers' Bureau which helps solve most of the farming problems has allegedly failed to control crop diseases.

One of Zambia's biggest orchard owners, Mr Tom Roberts made the suggestion yesterday when Chairman of the Rural Development Sub-Committee of the Central Committee, Mr Reuben Kamanga toured the 14,000 citrus orchard in Lusaka Rural.

Mr Roberts who exports oranges to Angola, said the fungi called cecospara brought by dry winds had claimed a large percentage of the fields despite combined controls by farmers in the area.

He said research institutions like Mount Makulu should help farmers.

In reply, Mr Kamanga who was accompanied by provincial political secretary Mr Aggrey Sikota, praised Mr Roberts for his determined efforts in fighting the disease.

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CSO: 3400/144

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29 AUGUST 1986